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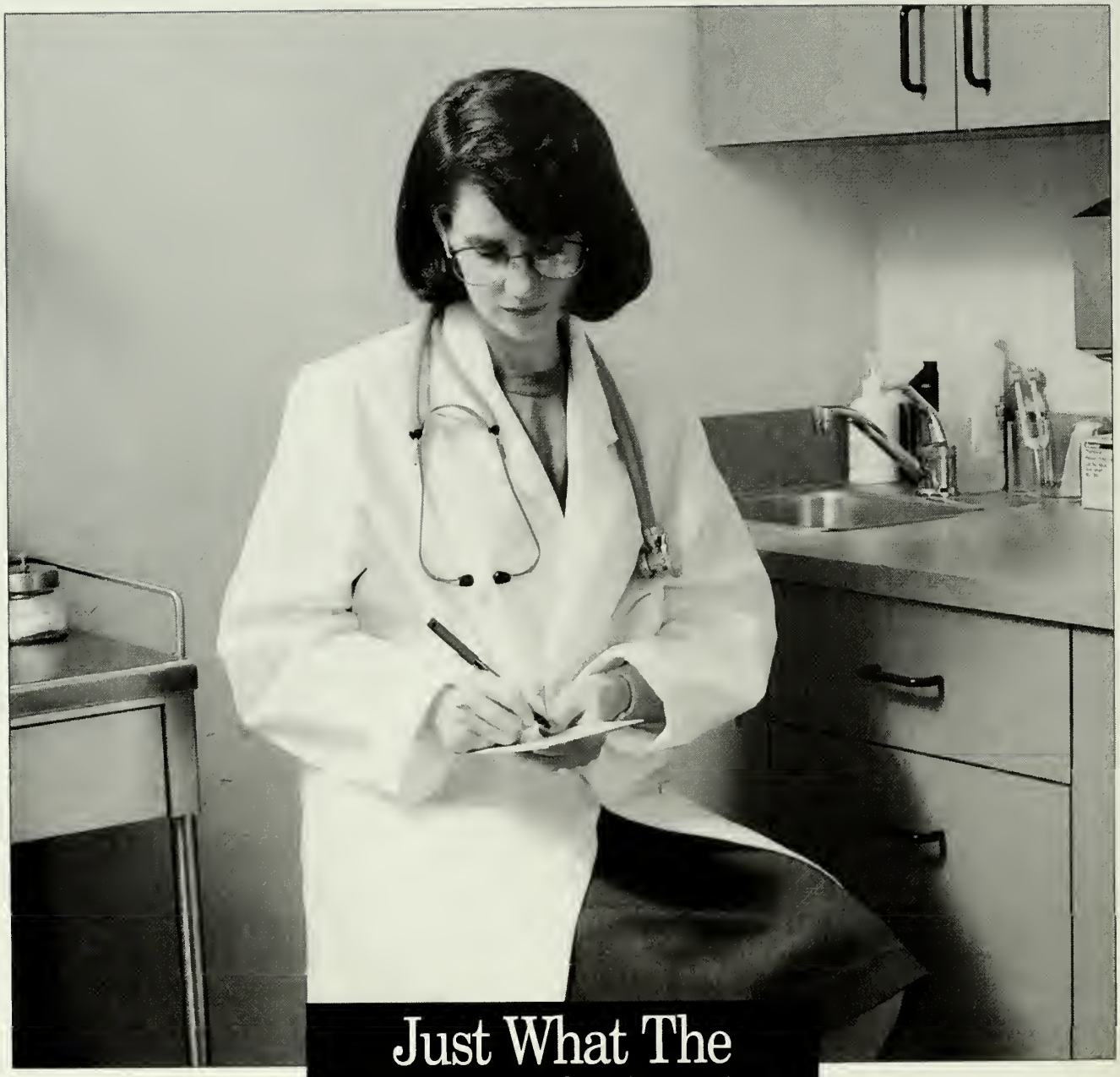
Today

Volume 26, Number 1 Fall 1997

"LIFE IS SHORT,
ART LONG,
OCCASION SUDDEN
AND DANGEROUS,
EXPERIENCE DECEITFUL
AND JUDGMENT
DIFFICULT..."

—HIPPOCRATES, *APHORISMS*

ANNUAL REPORT
1996-97



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Today

Volume 26, Number 1 Fall 1997

Introduction

Imagine suffering a vastly debilitating stroke. Would you opt for intensive medical intervention to keep you alive? Would you prefer to let nature take its course? How should your health care team proceed, considering that you can't speak for yourself?

In today's world of astonishing medical technology, health care providers face such issues every day. Perhaps even Hippocrates would have had trouble navigating such increasingly difficult ethical dilemmas.

But at the Medical College of Georgia, we pride ourselves in rising to even the toughest challenges. Our faculty has immersed itself in the field of medical ethics and is committed to teaching our students to be among the most responsible, caring and compassionate members of society. We think a health care provider's integrity is as important as his skill—a value conveyed to our students throughout their education at MCG. Read about our initiatives in medical ethics in this edition of *Medical College of Georgia Today*.

Read also about the work of the MCG Children's Medical Center craniofacial team. These remarkable professionals work jointly to ensure that children born with craniofacial defects can face the world with confidence.

This annual report edition of *MCG Today* serves not only to showcase our achievements at MCG, but to pay tribute to those who invest in our institution's future. We sincerely appreciate your support and work hard to make you proud of Georgia's health sciences university. From the bottom of our hearts, we thank you.

Sincerely,

Francis J. Tedesco

Francis J. Tedesco, M.D.
President, Medical College of Georgia

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MCG President: Francis J. Tedesco, M.D.
Executive Editor: James B. Osborne, Ed.D.
Director of Marketing and Public Relations: George H. Foster
Editor: Christine Hurley Deriso
Art Director: Brent D. Burch
Photographers: Phil Jones

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A MATTER OF ETHICS

Thursday at noon. There's an aroma of pizza and the sound of cola fizzing in plastic cups in a conference room in the Medical College of Georgia Ambulatory Care Center, as two dozen or so white-coated residents and attending physicians grab lunch and hear the medical director of a hospice explain what hospices do for the dying. Every few minutes, a loud beep causes yet another resident to peer discreetly at a pager, deciding whether a message can wait while trying not to lose the thread of the talk. Those with urgent calls slip out quietly.

"LIFE IS SHORT, ART LONG, OCCASION SUDDEN AND DANGEROUS, EXPERIENCE DECEITFUL AND JUDGMENT DIFFICULT ..."

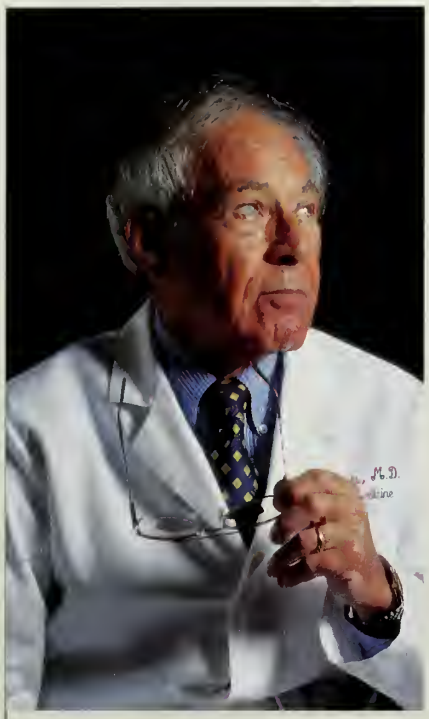
—HIPPOCRATES, APHORISMS

This is the twice-monthly ethics colloquium for the MCG Department of Medicine, and the lecture is packed with references to ethical issues. Quality of life, futile vs. curative care, managing medical resources, patient preferences and conflicting cultural values—the speaker touches on them all as he describes the needs of terminally ill patients and what can be done for them.

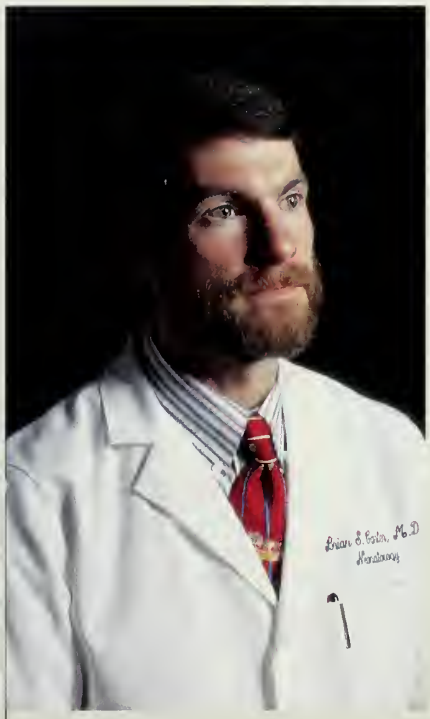
The ethics colloquium is a sign of the times in medicine, particularly at MCG. Although ethical concerns have been a part of medicine since the time of Hippocrates, medical schools are finding that today's physicians need more explicit training in ethics to help them cope with today's complex health care environment.

"In the last 30 years, we have seen a great increase in the power of medicine," said Dr. Richard Martin, a medical ethicist. "Ventilators, dialysis machines and new drugs, for example, have allowed us to prolong the lives of people with chronic and terminal diseases long past the stage when they would have died in an earlier era. At the same time, there have been changes in the physician-patient relationship that reflect changes in the social and economic conditions of our society. We've been forced to make decisions that were unimaginable in the past. The ethical problems are quite large and quite common," he said.

To help medical students prepare for the ethical challenges ahead, the MCG School of Medicine is establishing a comprehensive, four-year medical ethics cur-



Dr. Alan Roberts



Dr. Brian Carter

Dr. Richard Martin

riculum, aided by funding from the R.W. Johnson Foundation's Generalist Physician Initiative. The first stage debuted this fall 1997. Principal designers of the new curriculum are Dr. Alan Roberts, Dr. Brian Carter and Dr. Martin. Dr. Roberts, Chairman of the committee, has taught and practiced internal medicine for more than 30 years and has a special interest in the ethical dilemmas faced by students and residents serving on hospital ward teams. Dr. Carter, a neonatologist who came to MCG in 1996, has worked intensively with hospital ethics committees on cases involving infants and children. Dr. Martin, who has degrees in ethics, religion and law, has taught a variety of courses on ethics at MCG since 1972. Since 1980, he has taught monthly electives on medical ethics and law and medicine to seniors. He also serves as ethics consultant to the Department of Medicine.

The aim of the new curriculum is to get medical students thinking about ethics as soon as they arrive at MCG and keep them thinking throughout their training and professional lives. Traditionally, medical students were taught the principles of medical ethics through lectures. They were expected to apply these principles by following the dictates of conscience and the example set by physicians who taught them in the clinic. At MCG, for example, medical ethics has been covered in the humanities course taught the first quarter of medical school and ethics electives were offered in the fourth year. It was expected that students would have opportunities to discuss ethics with attending physicians and residents during their third- and fourth-year clerkships. However, recent research on moral development suggests that lectures and role-modeling may not be the most effective means of teaching medical ethics. Students may "learn" the lecture material without connecting it to their lives or anticipating a time when they might encounter a difficult situation, such as caring for a dying patient. And they may follow the wrong model of professional behavior.

In fact, under the lecture system, the odds are that first- and second-year medical students won't think much about ethics and professional behavior because they don't have time. They're too busy trying to keep up in courses like gross anatomy, biochemistry and pathology. It's easy to forget about ethics when you're trying to understand what the Krebs cycle has to do with renal disease and especially if your other courses don't include contact with patients.

"At many medical schools, students have virtually no contact with patients their first two years," said Brent Wallis, a second-year medical student at MCG. "They're in danger of forgetting why they went to medical school to begin with. They've been so focused on getting in, they haven't had much time to think about the final goal—actually being a physician."

Fourth-year student Chris Madden agrees. "When I decided to become a physician, I thought of taking care of patients with good outcomes. That was the picture in my head. To me, medicine was the science and physicians took care of patients who got better."

Over the past four years, the School of Medicine has instituted new courses to help students focus on patients as well as science. Patient-Doctor, a course coordinated by Dr. Peggy Wagner, enables first-year students to shadow physicians in hospital and private practice. Problem-Based Learning, coordinated by Dr. Andy Albritton, gives first- and second-year students practice with the case method, developing clinical reasoning while promoting sensitivity to patient needs. In the Ethical Dilemmas conferences led by Dr. Roberts and Dr. Ruth-Marie Fincher, third-year students discuss ethical conflicts they have experienced in their personal lives or as members of ward teams during their clerkships.

The new ethics curriculum will extend these efforts through ethics workshops in

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which groups of 10 to 15 students will meet with a faculty facilitator to discuss the human context of medicine. The discussions will compel students to examine their beliefs and values and the significance these values and beliefs will have for clinical decision-making, Dr. Roberts said. They will confront the possibility that their patients and colleagues may disagree with them, and think about how they will act when their duty as physicians and their beliefs conflict. Discussions will include participants' personal experience of ethical conflict. They also will help students grapple with the gray areas of professional decision-making, the times when there is no one single answer to a problem.

"It's very important to have group discussions, especially with students who have different experiences," said fourth-year student Andrew Van Alstine. "And anything that gets you to improve your communication skills and express your ideas can only help you."

The medical faculty are enthusiastic about this new approach and have willingly volunteered to serve as facilitators.

"It's been amazing to see the interest they have. Almost everyone I've asked has agreed to serve," Dr. Roberts said.

Dr. Martin agreed. "They are quite pleased to have the opportunity to meet with students and share experiences. I hope we will be able to develop a cadre of facilitators who could train other faculty to deal with these issues."

Students will learn the basic principles of medical ethics: beneficence (duty to act for patients' good), non-maleficence (duty not to cause harm), autonomy (the moral right to choose and follow one's plan of life) and distributive justice (the fair and equitable distribution of benefits and burdens within a community). They will use these principles to consider individual cases according to medical indications, patient preferences, quality of life and contextual factors, such as legal requirements, medical resource allocation and research.

"The goal is for students to learn the moral aspects of medical problems and have a clear decision-making strategy for ethical problems," Dr. Roberts said. "We hope to cover the basic issues so that by end of their first two years, they'll have been exposed to everything we think they should be knowledgeable about."

Case presentations and clinical vignettes will illustrate ethical dilemmas. Audiovisual presentations will demonstrate appropriate and inappropriate professional behavior in difficult situations. Role-playing will help participants grasp both sides of the patient-physician relationship and prepare for difficult encounters. In one scenario, a doctor must tell a young woman she has ovarian cancer.

"The student playing the patient is immediately going to find out something about what it feels like to receive that kind of diagnosis," Dr. Roberts said. "And the student playing the physician is going to learn what it's like to give bad news and deal with the patient's reaction."

Starting this fall, first-year medical students will participate in 10 one-hour ethics workshops. Topics will include how patients and families cope with illness and death; the pediatric patient; medical resource allocation; the impaired physician; research and informed consent; genetic testing, genetic screening and gene therapy; and confidentiality and disclosure.

Starting fall 1998, second-year students will also have 10 one-hour workshops. Topics will stress the physician-patient relationship; the dying patient; competency and surrogate decision-making; pediatric issues; HIV issues; reproductive health; and ward team ethics. Students will learn how to obtain voluntary informed consent; how to handle incompetent patients and patients who refuse treatment; when it is morally justified to withhold information; and when it is justified to breach confidentiality.

Dr. Roberts is especially concerned about preparing students to serve on ward teams. The clerkships that occupy most of the third and fourth years of medical school pair teams of students with an attending physician, one resident and two interns. Clerkships are where students really begin to practice caring for patients and face the daily actualities of health care. Not only do they see a range of patients from diverse circumstances, they also come face to face with a variety of professional behaviors, some exemplary and some not. It's an exciting, stressful time, ripe for experiencing ethical conflicts.

Students doing clerkships can feel especially isolated, uncertain as to how to interpret what they witness and more uncertain about how to act if they see something that doesn't seem right, Dr. Roberts said. The pressure to get good grades is compounded by the need to appear knowledgeable and get along with the team. The ward team ethics workshop in the second year will show students what to expect.

Third-year students also will need support during their clerkships, and they'll find it in the form of weekly one-hour workshops. These sessions enable them to present ethical dilemmas they face and reach resolution through discussions with other students and faculty facilitators. Fourth-year students will be able to deepen their understanding of medical ethics through electives on such subjects as death and dying, religion and psychotherapy, medicine and law. Students can explore a specific ethical issue and present their research in a Grand Rounds format for other students and faculty. Dr. Carter would like to have a senior elective in perinatal and pediatrics issues.

The focus on ethics at

MCG will not be confined to the ethics curriculum. When appropriate, ethical issues will be touched on in other courses. Neuroscience lectures on brain function, brain death and persistent vegetative state should also make students aware of the issues regarding the patient, family and withdrawal of life support.

Dr. Carter feels strongly that the ethical training of physicians cannot end with the fourth year of medical school or with the School of Medicine. "With the implementation of the planned ethics curriculum, there needs to be a concomitant change, not only at the medical school, but at the hospital and within the departments of graduate education," he said.

Dr. Roberts agrees. Residents, who have a large role in training medical students, particularly need further training in ethics, he said. "The most important teacher a medical student has as far as the inpatient experience goes is the resident," Dr. Roberts said. "It is important to educate the housestaff so they'll be prepared to help students."

Drs. Roberts, Carter and Martin are discussing the possibility of developing a core ethics curriculum for housestaff to focus on issues common to all areas of medicine. The various departments would then provide further training in the ethical issues affecting their specialties.

Although MCG medical departments often call on Dr. Martin to provide lectures on specific issues or consult on difficult cases, there is a growing feeling that ethics needs to be treated more systematically throughout the university.

Dr. Carter hopes ethics education at MCG will eventually extend across disciplines and across schools. "I'd like to see students of all schools learning clinical ethics in a multidisciplinary setting, instead of never coming together until they are already in the clinic," he said.

More than that, he wants to see ethics education extend from MCG into the community.

"As doctors and nurses, many of us talk to civic and religious organizations about cardiac fitness and diet and nutrition," Dr. Carter said. "We should be talking about ethics, too.

"If what we do as an institution and as medical professionals imposes ethical decisions upon the people we serve, then we have a responsibility to educate them. Instead of broaching the subject of ethics only at the threshold of the intensive care unit or when someone is dying, we must help people gain some familiarity with these issues before they are called to the bedside and asked to decide."

—SUSAN YARBOROUGH

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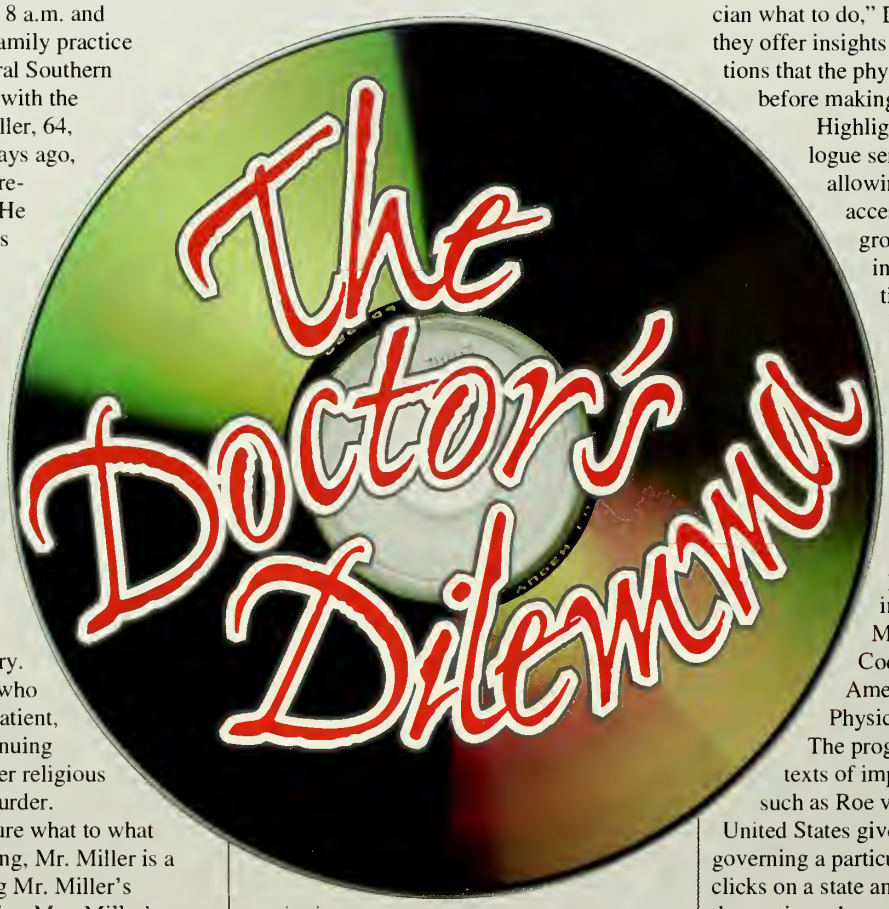
A MATTER OF ETHICS



It's shortly before 8 a.m. and Dr. Newman, a family practice physician in a rural Southern town, is meeting with the family of Mr. Miller, 64, who had a stroke two days ago, which caused severe, irreversible brain damage. He is on a ventilator and his electroencephalogram shows only brain stem activity, which means Mr. Miller's other brain functions have ceased.

Dr. Newman recommends discontinuing the ventilator. Mr. Miller has left a living will, indicating his objection to being maintained on life support when there is no hope of medical recovery. However, Mrs. Miller, who is also Dr. Newman's patient, refuses, saying discontinuing life support is against her religious beliefs and would be murder.

Dr. Newman isn't sure what to what to do. Medically speaking, Mr. Miller is a hopeless case. Honoring Mr. Miller's living will means ignoring Mrs. Miller's instructions as next-of-kin as well as her religious beliefs. Honoring Mrs. Miller's wishes will violate Mr. Miller's autonomy. At the same time, Dr. Newman has to consider that the small hospital lacks the facilities to maintain patients on long-term life support, and Mr. Miller is using resources that could be used by patients who will recover. Recognizing an ethical dilemma and feeling the need for advice, Dr. Newman reaches for the phone.

Dr. Newman is the main character in *The Doctor's Dilemma,* a computer role-playing program for teaching medical ethics developed at the Medical College of Georgia by Dr. Andy Reese, Associate Professor of Cell Biology and Anatomy, and Dr. Richard Martin, Associate Professor of Medical Ethics. The program presents ethical terms and concepts in the context of patient cases and takes the user, in the role of Dr. Newman, through the process of considering various aspects of a case leading to a decision about how to proceed. Issues covered include discontinuing life support (Mr. Miller's case), abortion, AIDS, artificial insemination, contraception, informed consent, malpractice and suicide.

Once the user chooses an issue, the program presents a short description in lay language of the patient and medical condition. The ethical dilemma is presented through dialogue between the physician, patient and family members. To make the dilemma more immediate, the program uses photographs to represent the participants, showing a split screen with the doctor's picture on one side with his remarks and the patient, family member or consultant's picture on the other.

Once an ethical dilemma emerges, the user can seek help by consulting a lawyer, hospital chaplain, chaplain, psychologist, medical ethicist and another physician. The consultants review legal, religious, psychological, ethical and medical aspects of the dilemma.

"The consultants don't tell the physician what to do," Dr. Reese said. "Instead they offer insights and raise other questions that the physician needs to consider before making a decision."

Highlighted words in the dialogue serve as hypertext links allowing the user immediate access to extensive background information, ranging from short definitions to full-text articles. Included are descriptions of medical and psychological conditions; summaries and extracts from Christian, Jewish and Islamic teachings; and statements of the standards and positions of professional societies, including the American Medical Association Code of Ethics and the American College of Physicians Ethics Manual. The program also includes the texts of important court decisions, such as Roe v. Wade. A map of the United States gives access to state laws governing a particular issue. The user clicks on a state and the program displays the pertinent laws and decisions. Users review information at their own pace and can study the many aspects of a problem until they are ready to make a decision

Once Dr. Newman/the user make a decision, the program comments on it, noting that it is consistent with some principles of medical ethics, such as respect for the patient's autonomy or the physician's duty to do good. But it also points out other aspects and effects the decision overrides or ignores. The user then has the option of changing the decision or standing by it.

"We've tried to include every decision we could think of," Dr. Martin said. "The program critiques every answer you give it. In that way, it's different from many medical ethics texts, which tell what the answer is.

"Sometimes people want answers and there were times when we were tempted to give them," he said. "Sometimes I had to write a critique of answers I really liked."

"There is only one case in which we said that someone was making the wrong

decision," Dr. Reese said. "And then we said that they were making the decision without appropriate background information."

Changing the decision brings a new round of comment. Standing pat brings extensive challenges on the decision's good and bad implications. If the user's decision really is final, the program offers a peek at some possible, though not inevitable, futures. In Mr. Miller's case, if Dr. Newman decides to discontinue life support over Mrs. Miller's objections, Mr. Miller may die soon after and the Millers may decide to find another family physician.

At the end of each case, there's some conversation between the doctor and nurse and some cartoons to lighten things up a little while sneaking in some more information, Dr. Reese said.

The Doctor's Dilemma is a result of Drs. Reese and Martin's shared interest in religion and ethics and Dr. Reese's fascination with computers. Dr. Reese, an immunologist, first got the idea when he was developing a computer program to teach immunology at the same time that he was teaching a religious education course on moral development at his church. In response to his suggestion, Dr. Martin remarked that it would be good to have an interactive system that would duplicate the case-based method of teaching ethics used at MCG and throughout the country. They began with materials Dr. Martin used to teach ethics at MCG and worked on the program in their free time. Then Dr. Reese invited Dr. John Baros-Johnson, a Unitarian minister and computer expert, to meet with them.

"Three is a critical number," Dr. Reese said. "You need that variety of viewpoints to bounce off each other to really get going. Dr. Baros-Johnson made the critical suggestion that the program be a role-playing game."

The threesome met weekly to outline the program. When Dr. Baros-Johnson moved away, they invited Dr. Evelyn Browne, a clinical psychologist, to join the group to maintain the creative impetus.

"She's a superb writer, an excellent editor and very knowledgeable in the field," Dr. Reese said.

Soon the program was occupying all their free time.

"We called it Topsy because we thought it was going to be a nice simple project and instead it grew beyond anything we'd imagined," Dr. Martin said.

Gold Standard Media, Inc., a electronic publisher, released *The Doctor's Dilemma* on interactive CD-ROM in June. Dr. Reese has negotiated a site-license for MCG, which will make the program available to students and faculty. Those using the program can receive up to 15 hours of continuing medical education credit from MCG.

Dr. Reese and Dr. Martin expect *The Doctor's Dilemma* will be widely used at MCG and other academic health centers. When program was previewed at the November 1996 meeting of the American Association of Medical Colleges, the response was instantly enthusiastic, with some viewers asking to buy it on the spot.

"This program provides resources for the person to make a decision from their point of view," Dr. Martin said. "There is nothing available now that has this depth and breadth of information. You can get books about medicine and law or medical ethics, but you can't buy as comprehensive and detailed compilation from a single source anywhere."

"Someone without a lot of knowledge of ethics can check all the definitions and someone with 25 years of experience can breeze through and look at specific issues," Dr. Reese said.

The Doctor's Dilemma will be an important tool for the new School of Medicine ethics curriculum, he said, fitting in well with the trend to problem-based learning, which gives students more responsibility in their instruction. "What we're seeing here is a confluence of recognition of the need for extensive ethical training with the ability to deliver resources for that need by computer in a manner that lets individuals pursue their interests and ideas at their level of knowledge as they get that training."

"The program will help medical students realize the situation of the family physician," Dr. Martin said. "You find these issues arising in a schedule that doesn't have any slack. If you spend an extra 10 minutes with a patient, all the others are moved back."

The Doctor's Dilemma is also likely to become a resource for members of hospital ethics committees, who often come from different disciplines and backgrounds and often have little formal training in ethics.

The Doctor's Dilemma team is already working on the next edition of the program, planning to add more cases, including ones on genetic counseling and child abuse. They also are researching issues of concern to nurses and allied health professionals.

A demo version of *The Doctor's Dilemma* is available through the Gold Standard Multimedia web site at http://www.gsm.com.

—SUSAN YARBOROUGH

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AT HOME IN TWO WORLDS

In Dr. Paul Gilreath IV's Marietta, Ga., office, a dental school diploma rests on one wall facing an original musical score on another.

Dr. Gilreath, a 1991 graduate of the Medical College of Georgia School of Dentistry, is a dentist three and a half days a week in the thriving practice he shares with his father, Dr. Paul Gilreath III. The remaining two days, Dr. Gilreath changes hats and becomes a pianist/composer in his business, MusicWorks.

"All my patients know that I am a musician," said Dr. Gilreath. "My first love is music, but my patients think I'm a good dentist—an empathetic type of dentist. I'm a people person, and I like that part of dentistry that I cannot get from music."

Born to a father who played bluegrass guitar and banjo and a mother who was an accomplished pianist, Dr. Gilreath, 36, first demonstrated music ingenuity at age 3 when he transposed a popular tune into a minor key. He began piano lessons at age 4 and continued throughout grade school. In high school, he played in many bands and was musical director for the drama guild.

During this time, the composer in Dr. Gilreath began to emerge.

After hearing a recording of Rick Wakeman's musical interpretation of Jules Verne's novel, *Journey to the Center of the Earth,* the 15-year-old prodigy wrote his own version complete with orchestral parts. Afterward, he hired more than 50 professional adult musicians and presented two sold-out performances in his hometown's civic center, donating the profits to the Muscular Dystrophy Association.

"I was a rock'n'roll person, and I really thought I was going to play in bands for the rest of my life," said Dr. Gilreath. "I'm sure my parents were flipping out when I told them I didn't want to go to college."

But good sense prevailed, and he entered Stetson University. The 3,000-student Baptist school turned out to be a major influence in his life.

"I would have never been in the same situation that I am in now musically if I had gone to a bigger school," said Dr. Gilreath. "Those faculty members really took my raw, unrefined talent, taught me discipline and turned me into an accomplished pianist and good composer."

After graduating with honors, the West Coast beckoned the young artist. He was accepted into the University of Southern California's master's program where he composed music for student films. Wanting to test the real waters, Dr. Gilreath produced a demo tape and, according to him, "got lucky."

He landed a contract with Hollywood agent Richard Emler (who also represented Marvin Hamlisch, Paul Williams and others). Dr. Gilreath's orchestral talents were first featured in "An American Passage," a movie for the American Film Institute that aired on the Disney Channel. From that success, he moved on to scoring films for Twentieth Century Fox, New World Pictures and Cannon Films, carving a niche as the youngest full-length film composer for symphonic orchestra in Hollywood.

"It was a blessing really, because all of this happened within six months and this is not typical of the way things work out there," said Dr. Gilreath.

Unfortunately, Hollywood took advantage of the young workaholic. With an ever-increasing workload, Dr. Gilreath's days usually began at 4 a.m. and ended at midnight.

"I decided it was not the way I wanted to live the rest of my life," said Dr. Gilreath. "A lot of people were very nice, but everything centers around the industry. Consequently, it's hard to know who your friends are or whether they're your friend just because you work in the business."

After five years, Dr. Gilreath decided to slow his pace and moved home to Marietta.

If he continued music professionally, the opportunities in the Atlanta area were limited basically to writing jingles for commercials. Feeling that would be a step backward, he decided to pursue his father's profession, dentistry.

"I'd been around dentistry all my life," said Dr. Gilreath. "My father loved it, and I thought it would provide me with the kind of flexibility I needed if I ever wanted to do anything else with music."

Dr. Randy O'Connor, MCG School of Dentistry Associate Professor of Oral Rehabilitation, was on the school's Admissions Committee when Dr. Gilreath applied.

"He was the only applicant I've ever known to have a letter of recommendation from the Governor of the state of Georgia [former Gov. Joe Frank Harris]," said Dr. O'Connor. "But I knew Paul's father well and I knew dentistry was in his genes."

The MCG School of Dentistry instantly impressed Dr. Gilreath.

"The first week of school, the faculty told us, 'This is our duty and obligation to educate you and to try to get as many of you through this as we can,'" said Dr. Gilreath. "They didn't say, 'You're here to pay my salary; you get through it if you can.'"

Dr. Gilreath found the philosophy to be true. He established a reputation as a hard-working student and faculty members always encouraged him. During a mini-residency on Governor's Island, N.Y., the summer before his senior year, Dr. Gilreath met students from all over the country.

"When we were discussing our schoolwork, they were amazed when I told them about

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the one-on-one relationship between faculty and students," said Dr. Gilreath. "They were all really shocked that MCG was that kind of school. I've since learned that dental schools are not like that everywhere."

Following graduation in 1991, Dr. Gilreath married Augustan Alayne Beazley and joined his father's dental practice in Marietta.

"Paul's as gifted in his dentistry as he is in his music," said Dr. Paul Gilreath III. "We used to play our music together when Paul was a little guy. He amazed me. He still does."

Music lured Dr. Gilreath once again. He began composing background music for ESPN, which led to an album, *For the Arts,* written for an Atlanta arts association. His next album, *Nightlights: Songs from a Parent's Heart,* released in 1994, featured original children's lullabies. In Dr. Gilreath's latest album, *The Eyes of the Morrow,* he composed and arranged 10 of his original piano melodies to blend with the jazz accompaniment of an 18-piece symphonic orchestra.

His latest album is described by reviewer Suzanne Van Atten as "a leisurely hot bath or a chilled martini after a long stress-filled day." The album is often heard as background music on the Weather Channel.

"The best compliment I ever get is when someone tells me they heard me on the Weather Channel, because they would have to have heard my CD to know it was me," said Dr. Gilreath.

According to Dr. Wallace S. Edwards, MCG School of Dentistry Associate Dean of Students and Alumni Affairs, "His music is addictive. Once you hear it, you become familiar with his style and easily recognize it the next time you hear it."

Along with releasing albums, Dr. Gilreath recently released his second book on midi orchestration, or how to make electronic music sound like orchestra music. Another talent, artistry, belongs to Mrs. Gilreath, who paints portraits, still life and landscapes.

"She's quite an accomplished artist," said Dr. Gilreath. "As an artist, she understands my idiosyncracies." His wife also works one and a half days a week at MusicWorks, located in the same office suite as the dental practice. With her art, his music and dental careers, life is crowded, but rewarding.

"Dentistry is an important part of my life and I have no intentions of leaving it in the foreseeable future, even if my music career continues to grow like it has in the last few years," said Dr. Gilreath. ■

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THE FACE OF A WINNER

If you were to look through an electron microscope at key junctures of a baby's developing skull, you would see what Dr. Jack Yu likens to the view of a bustling city from space.

"You have a piece of bone that tapers to a leading edge, then another piece of bone which comes to a tapered edge and then, around here, cells are working very hard," said Dr. Yu, Director of the Medical College of Georgia Craniofacial Center.

The cellular bustle is about building bone for a strong skull to protect the brain. The work goes on in the first months and years of a child's life in areas called cranial sutures. A baby's skull has many sutures; 'soft spots,' as they are commonly called, are where the sutures meet. About one in 2,000 times in the complex process that takes 23 chromosomes from each parent to make a unique human being, there is an error as the genes these chromosomes carry are copied. The result is that the bustle stops too soon at one or more of these sutures.

Kevin Bloodworth's father didn't need the power of an electron microscope to see that something wasn't quite right with his son.

When he'd hold his second son in his lap and look down at his head, he could see Kevin's right eye, but not his left. Gene Bloodworth thought one eye was swollen; the truth was the other was sunken in.

Kevin's left coronal suture, located at the left corner of a diamond-shaped soft spot normally found on top of a baby's head, had closed prematurely. So Kevin's head had a twisted look; the left side of his forehead was pushed back and his left eye socket was distorted, both results of the premature closure on the left and nearby viable suture trying to compensate for the loss.

"The brain grows rapidly at this young age, and it's going to grow no matter what, so it's going to find where it can grow," said Dr. Mark Lee, Kevin's pediatric neurosurgeon and a member of the MCG Craniofacial Center Team. Even a single suture closing, such as in Kevin's case, throws off the dynamics of the skull growing to accommodate the growing brain. The result is the loss of facial symmetry and sometimes much more.

"When many skull sutures are closed at the same time, the skull bone is not expanding in pace with the brain," Dr. Yu said. If one or two sutures are involved, distortion of the face is the primary result. But form and function are closely linked; when there are too many problems with form, the brain and its endless functions are jeopardized. Intracranial pressure rises when the skull refuses to yield to the growing brain, potentially damaging the baby's brain, vision, hearing, speech and even the ability to breathe.

"The first order of business is the preservation of life, then preservation of key organs," Dr. Yu said.

At the MCG Children's Medical Center, a diverse team of specialists looks after the compelling and complex needs of these children. The assemblage includes pediatric neurosurgery, pediatric otolaryngology, pediatric ophthalmology, pediatric radiology, pediatric nutrition, child psychiatry, neonatology, orthodontics, pediatric dentistry, pediatric critical care, speech pathology, audiology and genetics counseling. Erika Doster, physician assistant, is team coordinator and an accessible contact for families and referring physicians.

"This team is the essence of collaboration," said Dr. Ann Flannery, pediatric neurosurgeon. Team members gather on the third Wednesday of each month, see the children and their parents individually, then collectively devise a treatment plan.

Dr. Flannery cites common issues the team tackles: "When are we going to fix it? What is the sequence? Does the child need braces? Is it time for a mid-face advancement? How are the eyes doing? Do they need to be reset? Do they require strabismus surgery? Are they having otitis? Do they have a tracheostomy in? Can it come out? What is their speech like?"

Parents come that day with just as many questions. One very common question is, "Why?"

"We can answer 'how' a little bit better than 'why,'" Dr. Yu said. "The suture (or sutures) for a whole host of

Kevin before surgery (above) and after (facing page with father Gene)

reasons become non-existent. So instead of having two pieces of bone which have the ability to move relative to each other, they essentially become one bone." The eventual goal is for the suture to become bone, but for these children, the goal is reached before the game is over.

"Brain growth pretty much should parallel the growth of the head—extremely rapid in the first six months of life, less rapid but still growing in the next 12 months and slowing down but still growing to at least age 3," Dr. Flannery said. If you examine the adult skull, you can see the fine lines where the sutures turned to bone.

The skull is rather unusual in that it's non-weight-bearing yet stays strong, unlike body bones which can become frail when inactive. Its very origin also is different. Skull bone is made by the dura, the multi-layered protective covering of the brain that resembles supple leather. The inner layer has cells that look not like bone cells but like cartilage cells in an area that supposedly has no cartilage, Dr. Yu said. "Those cartilage cells may be the ones that tell the bone, 'Don't make bone here. We are a suture. We are supposed to be here.'" A second cell type has fibers that are stretched as the brain grows and apparently signal the cells to produce a substance to prevent bone formation until the brain is finished growing.

Communication and regulation is central to this active cell community charged with building a skull on schedule. When Dr. Yu isn't treating patients, he's working in the laboratory to understand how these cells know what to do, when to make bone and when not to. "The underlying cellular process, cell function, the control of cell function and regulation—that is the gist of biology in the 21st century," he said.

But for now, he and other members of the craniofacial team try to help parents understand what has happened and how best to correct what has gone wrong.

"We had to do a lot of soul-searching on this," Kevin's father said. "Our number-one concern was his brain." Dr. Yu told Mr. Bloodworth and his wife, Janet, that although their child's brain was not in jeopardy, the twisted look of his face would only get worse.

"I looked at it as later on, if we chose not to do anything, would he look at me and say, 'Daddy, why didn't you have something done when you could?' It would be hard to answer that question." So Kevin's parents searched the Internet for information and their hearts for the right answer.

Drs. Yu and Lee worked together on what should be Kevin's only craniofacial procedure. First Dr. Yu removed the skin covering Kevin's forehead, making wavelike incisions in the hairline and behind the ear that reduce tension and will be virtually unnoticeable, even when his hair is wet. He then stripped the temporalis muscle, the major closing muscle of the jaw, to access the bone.

Next Dr. Lee began the delicate job of removing the forehead bone, down to orbital rim in the eyebrow, without injuring the brain or important blood vessels. He then cut it into appropriate pieces for Dr. Yu to refashion into a more desirable shape.

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standard norms for head measurements that are age- and race-related. "We cannot recreate sutures," Dr. Yu said. "What this operation is designed to do is to relieve the constraint and project this piece of bone out to symmetry." The newly placed bone is secured with durable, dissolving thread resembling fine fishing wire. New bone will move into the area and eventually fill the gap.

Timing and order are key factors for repairing craniofacial defects. "For reasons we don't completely understand, if you do this operation, if you somehow tip the balance at a crucial time which is about 6 to 12 months, 90 percent of them don't have to have more surgery," Dr. Yu said of children, such as Kevin, whose defects involve a single suture. Before age 6 months, the dura can reform bone and may recreate the fusion that the child had surgery to repair, Dr. Lee said.

In more complex cases, the care may begin literally in the first few days of life with brain-protecting measures such as temporary shunts to relieve intracranial pressure and a tracheostomy to ensure adequate respiration.

The eyes are the next point of focus. Dr. Steven Brooks, pediatric ophthalmologist, thoroughly examines the patients, checking vision, eye movement and eye anatomy. Unchecked, increased intracranial pressure can injure the optic nerve and damage or even destroy vision. Some of these children have weakened or absent extraocular muscles, which control eye movement. This may result in crossed eyes, or strabismus, that needs correction, Dr. Brooks said. Multiple suture closings can result in underdeveloped orbits leaving the eyes literally bulging, unprotected out of their sockets. Dr. Brooks sometimes needs to suture portions of the eyelid together to help keep the eyes moist and covered until the craniofacial team can rebuild the area with more definitive surgery.

Dr. John Bent, pediatric otolaryngologist, helps assess whether pressures or malformed ears have damaged hearing. Craniofacial abnormalities, such as a small jaw and large tonsils, may result in breathing problems. A tonsillectomy and adenoidectomy may alleviate the problem, but Dr. Bent also can assess whether a procedure to pull the mandible forward is needed.

Speech pathologist Andrea Glover assesses the children's verbal skills to see if they are on target. If not, a hearing problem is the likely cause. If there's good comprehension and expression, she looks at individual speech sounds, voice quality and resonance.

In the midst of all the efforts to correct what is wrong, genetics counselor Heather Radtke helps parents understand as much as possible about how it went wrong.

"A lot of people have guilt issues and blame issues," she said. "What we do in that situation is go through, specifically, any type of exposure and medication and what we know about them. A large part of my job is helping parents understand that it's nothing that they did."

In families such as the Bloodworths, who have no known family history of premature suture closures, Kevin's defect is considered an unpreventable fluke. "We can't say specifically why gene changes occur," Mrs. Radtke said. "But we know that the human body is very complex in how it develops and that when the genes are being copied into the egg and the sperm, mistakes can occur."

Dr. Yu can tell you that if Kevin's father had been born with such a mistake, he would have had to live with it; craniofacial surgery is only 25 years old in this country.

He'll also tell you that today, 15-month-old Kevin stands an awesome chance of looking as though he never needed it. ■

—TONI BAKER

AlumNews

Graduates Urged to Live Lives Full of Hope

Christine Hurley Deriso

Even in the face of unprecedented uncertainty in the health care industry, health care providers must carry a torch of optimism, according to the guest speaker for the Medical College of Georgia's 1997 commencement ceremony June 7.

"As we approach the next millennium, even the most visionary advisor will be hard-pressed to tell you what the future holds," said Dr. James L. Muyskens, Senior Vice Chancellor for Academic Affairs/Deputy for the University System of Georgia Board of Regents, addressing MCG's 746 graduates. "Yet I would contend the underlying ethical principles and objectives of...the health care professions have remained constant and they have to do with relationships: respecting persons as persons, helping the afflicted maintain their dignity, offering comfort and hope."

Dr. James L. Muyskens

Dr. Muyskens advised the graduates to form alliances to help them overcome future obstacles. "Surround yourself with others, all of whom will be your teachers," he said. "If there is anything I have learned from life, it is the importance of relationships, of being connected, of learning and accepting advice from others."

That sense of teamwork will maximize health care providers' ability to help others, he said. "Our activity, our work, our lives gain their meaning when we as individuals are part of a larger effort, when our actions contribute to the greater good and a larger purpose."

And nowhere will the graduates' talents be put to better use than in Georgia, he stressed. "We are an opportunity state. We are determined that no one be left behind," he said. "For the many of you who will be living here in Georgia, I hope that you will join in our statewide effort to raise standards and the quality of life for all our citizens."

As a member of the University System of Georgia Board of Regents, Dr. Muyskens said he works hard to enhance every citizen's life and urged the graduates to do the same. "No one is beyond redemption," he said. "All are welcome. The good life, the American dream, beckons."

MCG graduates, he said, hold that dream in their hands and have the potential to share it with countless others. "Go forth in hope and realize this dream," he said. "With your education, your expertise, your skills, your commitment, your healing and comforting hands, you can—and I am confident you will—contribute mightily to making the American dream our reality." ■

Bachelor's Degree Opens New Doors for Alum

Susan Yarborough

When Cynthia Hughes got all A's in her courses at the Medical College of Georgia, her sons would kid her about being a nerd. But the day the letter came announcing her selection as MCG's representative for Academic Recognition Day 1997, all they could say was, "Wow."

Ms. Hughes, who graduated with a bachelor of science degree in dental hygiene June 7, was born and raised in Thomson, Ga., and has lived there all her life. She decided to become a dental hygienist her senior year in high school when she worked part-time for a local dental practice.

"The hygienist there was wonderful, so professional," Ms. Hughes said. "She really cared about the patients. I thought, 'I want to be that person. I want to do that kind of work.'"

Ms. Hughes enrolled in MCG's dental hygiene associate-degree program. She recalls her husband's uncomplaining cooperation when she used him as a practice patient over and over again. "I must have done 10 impressions of his teeth, which means a mouth full of goo each time. Then when an impression didn't meet faculty standards, I had to throw it away and start over," she said. "It still happens today. I see the students bringing in their friends, boyfriends and husbands."

After graduating in 1977, Ms. Hughes worked in dental practices in nearby communities. She loved her work. "I would look at the appointment book for the next week and say, 'Oh, good, I haven't seen Mrs. So-and-so in a long time,'" she said. "Five-year-olds would call to say, 'Miss Cindy, I lost my first tooth.'"

For the next 18 years, Ms. Hughes' life was filled with work, family and church. Then, a few years ago, husband David started a small burglar alarm and security system business, almost as a hobby. When it proved more successful than expected, he wanted a chance to make it work. The problem: he would have to retire from his job, which meant the family would lose his employee benefits.

Like many dental hygienists, most of whom are women, Ms. Hughes had practiced part time while she cared for her family; she had no employee benefits to replace her husband's. "The pay for hygienists is very good, but few dental practices offer benefits like health insurance and pensions," she said.

Ms. Hughes wanted her husband to pursue his dream, but in this day of ever-rising health care costs, she was concerned about protecting her family, especially her two sons. At the same time, she also had a dream to pursue. "I really wanted to teach dental hygiene," she said. "In 18 years of practice, I've seen a lot I could share with students who are younger in the profession."

When she decided to go back to school for her bachelor's degree, however, it wasn't easy. Her patients didn't want to see her go. "In a practice like the one I was in, you develop a trust that is more than professional. It's almost like family. People call their hygienist and ask for recommendations about their dental care," she said.

The parting, though painful, was occasionally humorous. "Patients would call and ask [if my replacement] was any good. I'd reply, 'Of course, she is. She's an MCG graduate.'"

Despite years of work experience and numerous continuing education courses, Ms. Hughes felt some anxiety when she enrolled at Augusta State University to fulfill the science and math requirements for MCG.

"It was terrifying. I felt I would be older than everybody and would stick out like a sore thumb. I didn't sleep a wink the night before I started back," she said.

Her husband and sons, Brice, age 16, and Blake, age 12, were completely supportive. "They were excited about Mom going back to school," she said. "The children and I would come in and do our homework in the evenings. There were times when Brice had to help me with algebra. I really couldn't have done it without them."

At MCG, Ms. Hughes entered a degree completion program geared to dental hygienists with associate degrees who were returning to school after years of practice. "It's a fantastic department. The faculty are wonderful. They really make it easy for mothers and for women who need or want to keep working to come back," she said.

Ms. Hughes chose a clinical teaching track and was soon immersed in designing courses and writing objectives.

"I had to take what I'd been doing for 18 years and break it down into teachable units, which was much harder than I thought it would be," she said. "I had to describe in little tiny steps all the things I was used to accomplishing in 30 or 45 minutes." Nevertheless, Ms. Hughes excelled in all her courses, maintaining a 4.0 grade point average every quarter.

As excited as she was to be at MCG, however, Ms. Hughes found being in school had one drawback: She missed the daily interaction with patients. "In one clinical teaching course, we acted as faculty, checking students' patient procedures and their scaling and root-planing techniques. I tended to linger with the patients. I was just itching to pick up the instruments and keep going. The students noticed, too, because on my evaluations, they wrote that I stayed with their patients too long," she said, laughing.

Those same evaluations praised her knowledge, professionalism and helpfulness. Jessie Brown, Associate Professor of Dental Hygiene, who recommended Ms. Hughes as MCG's representative for Academic Recognition Day (one academically outstanding student is selected from each University System of Georgia institution), was not surprised. "I've known [Ms. Hughes] since 1975 when she was my student in the associate-degree program," said Ms. Brown. "Her excellent clinical skills, caring atti-

Cynthia Hughes

tude and willingness to learn have made her a joy to work with."

Throughout her career, Ms. Hughes has been a dedicated member of professional organizations. She is a past President of the Central Savannah River Area Dental Hygienists Association, has held offices in the Georgia Dental Hygienists Association and will soon be a Georgia delegate to the 1997 American Dental Hygienists Association convention.

"It's very important to get involved with your professional association," she said. "It's such a good support and networking system and provides so many educational opportunities. Members really benefit from their colleagues' encouragement."

Ms. Hughes' contributions to the dental hygiene profession have been honored on numerous occasions. In 1989, the Colgate Palmolive Company recognized her outstanding contribution to patient education. In 1994, she received certificates of appreciation from the CSRA Dental Hygienists Association and the Georgia Dental Hygienists Association. And in 1996, the CSRA Dental Hygiene Association named her Dental Hygienist of the Year.

Jessie Brown noted that Ms. Hughes' good judgment has helped immeasurably in dealing with legislative issues affecting both dentists and dental hygienists.

"She has earned our admiration and trust that she will act in the best interests of patients and of our profession. She works to promote good relations between the professions and has won respect for her ability to see both sides of an issue," Ms. Brown said.

Ms. Hughes is also concerned about improving the delivery of dental care to the elderly, especially those in nursing homes. She's done a number of in-service presentations in rehabilitation centers and long-term care facilities. She hopes legislative provisions can be made to allow dental hygienists to provide their services in nursing homes while preserving the professional relationship between dentists and hygienists. In the meantime, Ms. Hughes continues to pursue her goal of teaching dental hygiene full-time. She plans to enter a master's-degree program in public administration with an emphasis on health care, and looks forward to getting more classroom experience.

She is also anticipating her first professional publication. Her article, "Systemic Lupus Erythematosus: A Review for the Dental Team," will appear in a dental hygiene journal later this year.

"[My] work has been so good to me and to my family. I've made so many wonderful friends. It's been more than a career. It's been a life." ■

Dr. Mundy Named Department Chairman

Susan Yarborough

Dr. Wanda M. Mundy has been appointed Chairman of the Medical College of Georgia Department of Radiologic Sciences.

Dr. Mundy is Associate Professor of Radiologic Sciences in the School of Allied Health Sciences, Associate Professor in the School of Graduate Studies and Assistant Professor of Radiology in the School of Medicine.

"Dr. Mundy has excellent teaching, scholarly and administrative expertise in the fields of nuclear medicine and health ethics," said Biagio Vericella, Dean of the MCG School of Allied Health Sciences. "She has keen insight into the direction of imaging modalities and has directed the semester conversion and external degree plans within the department."

Dr. Mundy, who joined the MCG faculty in 1973, is a 1963 graduate of Union College in Barbourville, Ky. She received a master's degree in health education from MCG in 1977 and a doctorate in education from the University of Georgia in 1988.

She received the School of Allied Health Sciences Outstanding Faculty Award in 1983 and the Distinguished Service Award in 1988.

Dr. Mundy is a member of the MCG Hospital Ethics Committee and Faculty Research Ethics Committees.

She is a founding member of the Georgia Society of Nuclear Medicine Technologists and served as its President in 1986. She was President of the Southeastern Chapter of the Society of Nuclear Medicine, Technologist Section in 1994.

The Department of Radiologic Sciences was formerly the Department of Radiologic Technologies. The name change was approved by the University System of Georgia Board of Regents May 14.

Dr. Mundy succeeds Scott Gregory who retired from the Department of Radiologic Sciences March 31. ■

Changes Approved for Radiologic Sciences

Susan Yarborough

The University System of Georgia Board of Regents has approved a Medical College of Georgia proposal to change the degrees and majors offered by its Department of Radiologic Technologies, effective September 1998.

The Regents also voted to change the name of the department to the Department of Radiologic Sciences, effective immediately.

The department now has 12 tracks subsumed under 10 programs leading to associate or baccalaureate degrees or certification in four disciplines: diagnostic medical sonography, nuclear medicine technology, radiography and radiation therapy technology.

Under the changes, the department will offer a single bachelor of science degree in radiological sciences with majors in five areas: diagnostic medical sonography, nuclear medicine technology, radiography, radiation therapy technology and medical dosimetry.

Students also will have the option of earning a double major in two of the five areas.

"The changes in the bachelor's program will make it easier for our students to receive cross-training and become multi-credentialed," said Dr. Wanda M. Mundy, Chairman of the Department of Radiologic Sciences.

"Cross-training has become desirable for both students and employers, particularly for employers like small rural hospitals, that may not need or be able to afford a full-time sonographer and a full-time nuclear medicine technologist," she said.

Applicants to the bachelor's program will still need to complete 90 quarter hours or 60 semester hours of prerequisite liberal arts courses before admission.

The department's associate-degree programs will be discontinued by the year 2000, with the last associate-degree students entering in September 1997.

"These program changes are consistent with the University System of Georgia's initiative to concentrate the efforts of senior units toward baccalaureate and graduate degrees," Dr. Mundy said.

The department will continue to offer 12-month certification programs in radiography, radiation therapy technology and nuclear medicine. ■

Dentist's Novel Offers Glimpse of Fertile Imagination

Christine Hurley Deriso

Dr. Paul Doster's patients probably thought they knew everything there was to know about him: a nice guy, a good dentist, a responsible member of the community, a devoted family man.

True, Dr. Doster, a recently retired dentist in LaGrange, Ga., is all of these things. But lightly scratch the surface and you'll find much, much more.

"I like revealing things that people didn't know I thought," says Dr. Doster, a 1975 graduate of the Medical College of Georgia School of Dentistry.

Step into his home and you'll see ample evidence of a fertile, creative mind: Sketches, sculptures and music abound. Dr. Doster's most recent creative endeavor is his first novel, *Mind-Set*, published by Penguin USA in February.

"This is a book by a dentist about a dentist, which I think is a first," Dr. Doster says. But if you're anticipating a journey into the wondrous world of root canals, think again. The novel is a thriller about a seemingly unassuming dentist, Simon Braddock, who single-handedly takes on a band of extortionists. When the extortionists target Braddock as a victim, the dentist proves they've met their match.

"I wrote chapter one without any idea of where I was going except the premise that if somebody is trying to extort money from you, what would you do? The point is righteous indignation," Dr. Doster says. "Braddock has a kamikaze attitude—either they'll kill him or he'll kill them. There's no in-between. Some of my patients have said, 'My God, this man had his hands in my mouth! He's such a maniac!'"

Dr. Paul Doster

Dr. Doster laughingly notes that he's no maniac; he just enjoys creating characters who are. "I'm obsessive and inpatient like Braddock," he concedes, "but the greatest artists have an aesthetic distance. You can't tell anything about the creator from his creation."

Dr. Doster has dabbled in fiction-writing for years, but the feat of having his first novel published by a major publisher exceeded his wildest dreams. "It really was an amazing moment to me when I realized the book would get published," he says.

There's talk of making the book into a movie, and Dr. Doster is hard at work on other novels. The John Grisham of dentists? Dr. Doster is too modest to make comparisons and insists that commercial success was never his motivation. If people like what he does, that's great—but he'll keep doing it regardless. "I'm always painting or carving or hanging wallpaper," he says. "It's bound to be genetic. My dad collected opera on 78-rpm records. Where he got that interest with his rural Georgia background, I do not know."

Music was Dr. Doster's original creative outlet. He earned a master's degree in music from Catholic University, intending to make a living singing baritone. "I really gave my life to singing. That was my life's ambition," he says.

But as he and wife Jo had three children in quick succession, his ambition quickly took a pragmatic turn. The family moved to LaGrange where Dr. Doster began teaching music at LaGrange College and his wife, a violinist, began teaching fifth grade. But soon thereafter, LaGrange College began phasing out its music department.

"At that point, I realized I was never going to make the big time as a singer. I needed something else to do to make a living." He enrolled in the MCG School of Dentistry.

After earning his degree, he started a general dentistry practice in LaGrange. He enjoyed it immensely but discovered he couldn't turn his back on his creativity. "I thought I could walk away from music, but I was a fish out of water," he says. So when he wasn't practicing dentistry, he was sculpting, painting, writing, gardening—every creative outlet he could think of. By the time he sold his practice in 1996, his first novel was already under his belt, ready for submission to publishers.

Today, his children are in their mid-30s and his three grandsons "live right around the corner, which is exactly where I want them to stay. My wife and I see them every day."

He also sees his former patients often but laughs that "when you're a dentist, you look at people upside down, and if you see them in the grocery store, you don't always recognize them."

Although he misses dentistry, he obviously is never at a loss for things to do. And he's thrilled that his hobbies have turned out to be lucrative. "To find something you love to do and have someone pay you to do it is my definition of happiness," he says. ■

Dental Students Honored at Year-End Ceremony

Carole Jones Smith

The Medical College of Georgia School of Dentistry recognized its outstanding students at the Senior Awards Ceremony at MCG June 4.

John S. Blalock received the following awards:

- The 1997 Senior Class President Certificate for service as President of the graduating class.
- The American College of Dentists Professionalism Award for ethical professional excellence.
- The American Student Dental Association Award of Excellence for service to the school, the profession and the community.
- The American Student Dental Association President Award for service as President of the American Student Dental Association during his junior year.

Robert K. Bogart received the American Academy of Oral and Maxillofacial Radiology Award for exceptional interest and accomplishment in dental radiology. He also received the International College of Dentists Award presented to a senior, in the top one-third of the class, who has demonstrated the most professional growth and development during his/her years of dental study.

Thomas T. Britt received the Omicron Kappa Upsilon Certificate for induction into the national honor society. He also received the Quintessence International Restorative Dentistry Award for outstanding performance in restorative dentistry.

W. Gregory Elwell received honorable mention for his manuscript on ethics in dentistry from the American College of Dentists.

Brenda G. Fritz received the American Academy of Dental Practice Administration Award for the second-highest average for the three practice management courses. She also received the Organization of Teachers of Oral Diagnosis Award for excellence in oral diagnosis.

Laura L. Griffiths received the following awards:

- The Academy of General Dentistry Award for demonstrating the greatest interest in, knowledge of and proficiency in general dentistry.
- The Oral Pathology Achievement Award for achievement in oral pathology.
- The Omicron Kappa Upsilon Certificate for induction into the national honor society.

Sherida Jacobs received the American Society of Dentistry for Children Award and the Georgia Society of Dentistry for Children Award for outstanding achievements in pediatric dentistry.

Lisa M. Johnson received the Oral Pathology Achievement Award for achievement in oral pathology. She also received the Omicron Kappa Upsilon Certificate for induction into the national honor society.

Gina Mack received the Student National Dental Association Award for outstanding service as President of MCG's chapter of the Student National Dental Association.

John M. Mazzawi received the American College of Prosthodontics Achievement Award for outstanding ability in prosthodontics and high academic and clinical achievement.

Mark P. Moore received the following awards:

- The Hu-Friedy Golden Forceps Award for outstanding achievement in oral surgery.
- The Oral Pathology Achievement Award for achievement in oral pathology.
- The Dentsply International Merit Award for the highest scholastic achievement in the five preclinical and four clinical prosthodontics courses.
- The Omicron Kappa Upsilon Certificate for induction into the national honor society.

Jody Morgan received the Quintessence International Periodontics Achievement Award for outstanding clinical performance in periodontics.

Christopher S. Noel of Dunwoody, Ga., received the following awards:

- The American Academy of Esthetic Dentistry Award for outstanding achievement in esthetic dentistry.
- The American Association of Endodontists Award for outstanding achievement in endodontics.
- The Omicron Kappa Upsilon Certificate for induction into the national honor society.

Stephen M. Phelps received the Academy of Operative Dentistry Award for demonstrated excellence in operative dentistry. He also received the Hu-Friedy Golden Carver Award for outstanding achievement in restorative dentistry.

Lisa A. Strickland received the American Association of Orthodontics Award for achievement in orthodontics. She also received the Senior Oral Medicine Case Award for the most outstanding case based on clinical performance and case presentation.

Laurie A. Strohschein received the following awards:

- The AFTCO Associates Practice Management Award for the highest average for the three practice management courses.
- The Alpha Omega Award for Academic Excellence for the highest academic rank in the graduating class.
- The American Academy of Oral Medicine Award for outstanding achievement and interest in oral medicine.
- The American Academy of Oral Pathology Award for the highest academic average in five oral pathology courses.
- The American Academy of Periodontology Award for achievement in periodontology.
- The American Association of Oral and Maxillofacial Surgeons Award for the highest academic average in the didactic and clinical courses in oral and maxillofacial surgery.
- The American Dental Society of Anesthesiology Award for the highest academic average in anesthesia, sedation and pain control.
- The Anatomical Sciences Award for the highest academic average in the anatomical sciences.
- The Teledyne Water Pik Prosthodontic Award for achievement in prosthodontics.
- The Omicron Kappa Upsilon Certificate for induction into the national honor society.

Paul E. Thompson received the Southeastern Academy of Prosthodontics Award for excellence in prosthodontics as exhibited by grades, attitude and interest.

John T. Uetsuki received the Ronald Goldstein Esthetic Dentistry Award for outstanding achievement in esthetic dentistry.

Jeremy R. Ward received the American College of Dentists Ethics Essay Award for writing the best manuscript on ethics in dentistry.

John K. Weaver received the American Equilibrium Society Award for outstanding clinical and didactic performance in the science of occlusion and temporomandibular joint function. He also received the Pierre Fauchard Academy Award, presented to an outstanding senior who has exhibited leadership and who through his/her accomplishments has demonstrated dedication to the advancement of dental literature. ■

Dr. Nayyar Presents Workshops in England

Carole Jones Smith

Dr. Arun B. Nayyar, Associate Professor of Oral Rehabilitation at the Medical College of Georgia School of Dentistry, presented three restorative dentistry workshops to dental associations in England April 17-19.

April 17, Dr. Nayyar presented an advanced restorative dentistry workshop to the Tutors of the Department of Restorative Dentistry at the University College of London Medical School.

Dr. Nayyar also presented a one-day seminar, "Understanding the Changing Dynamics of a Fixed Restorative Dental Practice," sponsored by the General Dental Practitioners faculty in London April 18.

April 19, Dr. Nayyar presented another dental advanced restorative technique seminar to the Anglo-Asian Odontological Society in London. ■

Researcher Cultivates Double Life as Musician

Christine Hurley Deriso

Dr. Mark Prendergast readily acknowledges his double life, but it's not as sinister as it sounds.

By day, he's a research scientist in the Medical College of Georgia Department of Pharmacology and Toxicology, probing the effects of nicotine and nicotine-like substances on memory. By night, he's a New Age musician, writing music and recording it by playing every instrument himself. "Music isn't going to supplant my research career, but I really love it," he says.

Dr. Prendergast moved to Augusta from Nebraska two and a half years ago to perform postdoctoral work at MCG. He recently received his faculty appointment and logs some 50 hours a week in the lab. He loves his work, but he loves going home just as much. That's where he practices his instruments (keyboards, guitar and percussion), writes his music and dreams of hitting it big. Actually, he does more than just dream. He recently completed recording a tape of his music and is trying to interest record companies in it, with the help of his manager.

Dr. Mark Prendergast

"The kind of music I write is unusual," he says. "It's New Age, but definitely not Yanni." He sites the band *In The Nursery* as an influence. His brother is a professional musician with the band, *Glass Temples*.

Dr. Prendergast doesn't know if he'll get a recording contract, but he's too busy to be preoccupied with the possibility. He works with Dr. Jerry J. Buccasfusco, Professor and Director of MCG's Alzheimer's Research Center, working on new and better drugs to treat Alzheimer's disease. Researchers have found that nicotine enhances the release of the neurotransmitter, acetylcholine. "Many substances that have that action enhance the ability to remember," Dr. Prendergast says.

But nicotine has unacceptable side effects, so the researchers are trying to find nicotine-like alternatives that enhance memory without creating other health problems. Several are already being tested in clinical trials. "You can't bring an Alzheimer's patient back to base line at all, but you can make about a 10 to 15 percent increase in his daily ability to remember things like turning off the stove," Dr. Prendergast says. "If we can prolong some kind of normal functioning, that's our main goal. The results aren't dramatic, but they're noticeable."

He predicts that the biggest advances in Alzheimer's treatment will be in prevention. Researchers are learning more about brain function every day, including the fact that those who remain cognitively challenged throughout their lives seem to be at lower risk of Alzheimer's disease. "We call it the 'use it or lose it' theory, and it really does hold true," he says.

Asked whether music or science is his bigger love, he says he'd never give up either. "I wouldn't leave research," he says. "I'll always have a full-time job in academics and research. But I also have a full-time obsession with making music, whether I get a contract or not." ■

Gene Therapy May Halt Retinal Disease

Christine Hurley Deriso

Gene therapy is being tested on mice at the Medical College of Georgia to see if genetic retinal diseases can be halted before leading to blindness.

The retina, which consists of layered cells in the back of the eye that transmit visual images to the brain, is virtually incurable when diseased. "If the cornea or the lens have problems, help is available," said Dr. Sylvia Smith, Associate Professor in the Department of Cellular Biology and Anatomy and the Department of Ophthalmology. "But if the problem is retinal, to date, there's really nothing that can be done."

She and colleague Deni Galileo, Assistant Professor of Cellular Biology and Anatomy, are working with a species of mice in which the retina slowly degenerates. "This animal is a very promising model because it gradually loses its vision in a manner similar to humans with retinitis pigmentosa," Dr. Smith said. Retinitis pigmentosa, also known as night blindness, is the gradual loss of retinal cells beginning with rod cells, which mediate black and white vision. Next, the retina's cone cells, which mediate color vision, begin to deteriorate. Complete blindness results once all retinal cells deteriorate.

The defect that causes this species of mice to go blind is a genetic anomaly that affects not only vision but skin pigmentation. Drs. Smith and Galileo are injecting a normal copy of the gene into the eyes of newborn mice with the retinal disease, hoping to forestall the damage.

Dr. Smith's research is funded by the National Eye Institute and the Research to Prevent Blindness, awarded through the MCG Department of Ophthalmology. ■

Alumni Activities Schedule

The Alumni Association of the School of Graduate Studies announces the following 1997-98 alumni activities:

Oct. 10
Board of Directors' meeting
Nov. 4
Phonathon
Dec. 5
Board of Directors' meeting
Feb. 20
Board of Directors' meeting
April 30
Board of Directors' meeting
April 30-May 3
Homecoming 1998
June 6
Hooding ceremony
June 6
Graduation 1998
June 12
Board of Directors' meeting

Alumni Association Officers, 1997-98

Virginia Allen, *President*
Thomas Buxton, *President-Elect*
Eugene Bruker, *Past President*
Sandy David, *Secretary/Treasurer*

Hooding Speaker Stresses 'Giving in Front of Taking'

Christine Hurley Deriso

Today's physicians walk an increasingly fine line by combining the roles of healer and business person, according to Medical College of Georgia School of Medicine alumnus Frank C. Wilson.

Dr. Wilson, Kenan Professor of Orthopaedics at the University of North Carolina School of Medicine and a 1954 MCG graduate, discussed the sometimes conflicting goals of altruism and cost-consciousness as guest speaker at the 1997 School of Medicine Hooding Ceremony June 6.

"The ethical conflict produced by the responsibility of a physician to both the patient (for whom quality care is paramount) and the employer (for whom cost containment and profit are dominant forces) has led to one of the most menacing alterations in medicine: the insertion of third parties between physicians and their patients," Dr. Wilson said.

"In the past, physicians determined how medicine was practiced; now, lawyers, bureaucrats, other health professionals, insurers and patients have their own concept of medicine. As these interpretations multiply and diverge, the search for a unifying ethic becomes more critical and more difficult."

Today's physicians also must contend with a litigious, perfection-seeking society and with medical technology that sometimes extends life beyond all reason, Dr. Wilson said.

He proposed several means to maintain high ethical standards amid the turmoil. First, he said, "the patient's welfare must be given highest priority. If we become brokers for third parties rather than advocates for patients, we will sacrifice the public trust so critical to the high position that medicine has held in the past; but we can no longer ignore economic considerations in health care decisions."

Physicians therefore must act in their patients' best interests but be careful not to misuse or overuse resources, he said.

Physicians also must respect their patients' wishes, he said, even when those wishes seem to fly in the face of available medical resources. For instance, "there is no reason for a terminally ill patient to be maintained indefinitely as a heart-lung preparation, which, like pasting summer leaves on winter trees, is unseemly as well as impractical."

And while Dr. Wilson appreciates that medical specialization has enhanced health care, he cautioned the graduates to pursue "intellectual wholeness. Seeking freedom from modulating influences is human nature, but the resulting isolation reduces cross-fertilization and fosters the perception of the patient as a part rather than a person," he said.

He also cautioned the class to rely only on therapies that have been scrupulously researched. "The medical roadside is littered with abandoned therapies whose initial use was suggested by judgment or logic," he said. "After wide dissemination, such procedures are not easily withdrawn—even by an author with the integrity to debunk his own inventions. By testing the efficacy of new treatment, science can be lifted from the fog of empiricism."

The guiding force in every medical decision, he said, should be altruism. "It is the placement of giving in front of taking that will make the difference," Dr. Wilson said. "If we follow this principle of professionalism, the quality of medical care will not only endure in the third millennium, it will prevail." ■

MCG President Francis J. Tedesco (right) congratulates Dr. Robert G. Ellison, Charbonnier Chair Emeritus, on the news that the University System of Georgia Board of Regents has approved the Dr. Robert G. Ellison Chair of Cardiovascular Surgery. Funds for the chair will help recruit, support and supplement funding for the Chief of the Section of Cardiothoracic Surgery, a post Dr. Ellison held for 32 years. "The chair honors a great person and will help us attract a very talented individual to carry on a great tradition in cardiothoracic surgery," Dr. Tedesco said.

The Alumni Association of the School of Medicine of the Medical College of Georgia, Inc. hosted a reception April 14 for sophomore and junior medical students.

Dr. Hobbs Named Society President

Toni Baker

Dr. Joseph Hobbs, Associate Dean for Primary Care in the Medical College of Georgia School of Medicine and Vice Chairman of Academic Affairs in the MCG Department of Family Medicine, was installed as President of the Society of Teachers of Family Medicine at the group's annual meeting in May.

Dr. Hobbs will serve a one-year term as President of the 4,500-member group of teachers of family medicine in the country's medical schools and residency programs.

He has been a member of the society's Minority Health Care Group since 1992, has been Chairman of its Group on Predoctoral Directors since 1995 and its Predoctoral Directors Representative to the Associate of Family Medicine Organization since 1995. He served as a member-at-large on the society's Board of Directors from 1991 to 1994.

Dr. Hobbs is a 1974 graduate of the MCG School of Medicine who completed his residency in family medicine at MCG in 1977 then joined the faculty. He is Director of the department's Student Educational Programs and the Family Medicine Clerkship for third-year medical students.

He is a member of the Student Education Advisory Committee of Georgia's Joint Board of Family Practice. ■

Dr. Wray Named Association President

Toni Baker

Dr. Betty B. Wray ('60), Chief of the Medical College of Georgia Section of Allergy-Immunology and Vice Chairman of the Department of Pediatrics, has been elected President of the American College of Allergy, Asthma and Immunology.

Dr. Wray was elected to a one-year term as President of the professional association for 3,900 allergists and immunologists at the college's recent annual meeting. She previously held the offices of President-Elect and Vice President.

Dr. Wray completed her postgraduate training in pediatrics and respiratory sciences at MCG. She joined the faculty in 1968, was named Allergy-Immunology Section Chief in 1979 and Vice Chairman of Pediatrics in 1985. She is Director of MCG's Allergy-Immunology Residency Training Program, Co-Director of the Clinical Laboratory Immunology Training Program and a member of the Board of Directors of the MCG Research Institute.

Dr. Wray is a member of the Food and Drug Administration's Advisory Committee for Allergenic Drugs and Products. At the end of 1996, she completed a six-year term as the American Medical Association's Representative to the Review Committee for Allergy-Immunology of the Accreditation Council for Graduate Medical Education. She is a member of the American Association of Certified Allergists' Board of Governors. Dr. Wray is a member of the editorial board of the Annals of Allergy and Immunology and the Journal of Asthma. ■

Class Reunions Set May 2

School of Medicine class reunions will be celebrated during Homecoming 1998 May 2 at 6 p.m. for the classes of 1948, '53, '58, '63, '68, '73, '78, '83, '88 and '93 at the Radisson Riverfront Hotel, Two Tenth Street. The evening will begin with a social hour at 6 p.m. followed by dinner at 7 p.m. Group photographs will be taken of each class. A dance at the Radisson ballroom will follow at 9:30 p.m. For more information, call the Alumni Office at (800) 869-1113 or (706) 721-4416. ■

Alumni Activities Schedule

The Alumni Association of the School of Medicine announces the following 1997-98 alumni activities:

Sept. 28
Alumni Association board meeting, Augusta

Oct. 23
Alumni dinner in Augusta region, Augusta

Oct. 25
Georgia Medical Fair breakfast, Atlanta

Nov. 21
Reception during Medical Association of Georgia meeting, Atlanta

Nov. 23
Alumni Association, MCG Foundation board meetings, Atlanta

Jan. 8
Alumni dinner in Dalton/Rome region, Dalton

Jan. 15
Alumni dinner in Savannah region, Savannah

Jan. 29
Alumni dinner in Gainesville/Athens region, Gainesville

Feb. 5
Alumni Association board meeting, Macon

Feb. 5
Alumni dinner in Macon region, Macon

Feb. 26
Alumni dinner in Albany/Valdosta region, Albany

March 6
Alumni Association Planning Committee meeting, Augusta

March 6
Alumni Association reception honoring faculty, Augusta ■

Students Honing Skills as Lifelong Educators

Christine Hurley Deriso

Remember when people's contribution to their own good health was to have a regular checkup and get their prescriptions filled?

No longer. In today's cost-conscious, wellness-focused health care environment, patients must assume responsibility for their health, and nurses must help them do it, according to 38 nurse educators who met at the Medical College of Georgia June 8-12.

The educators, from 15 southern states, represented the Southern Regional Education Board, charged to strengthen nursing education in colleges and universities in the Southeast. (Dr. Vickie A. Lambert, Dean of the MCG School of Nursing, is a past President of the board.) The group met at MCG to brainstorm about ways to prepare nursing students to be lifelong educators, according to Southern Regional Education Board President Eula Aiken.

Nursing students must learn technology now that they will apply throughout their careers, Dr. Aiken said. For instance, "they now need to work with computers and understand how information flows. For example, in an emergency, what information would you immediately need about the patient?"

Both students and faculty must rise to the challenge of mastering new technology, "but I think they're seeing it as an opportunity they can exploit on behalf of their patients," Dr. Aiken said. "You're seeing such extraordinary potential to transform the way health care is delivered. We're creating systems to help patients manage their own care."

The first step in training students is to train their teachers, she stressed. "Right now, we're educating the educators: trying to give faculty the ability to network well after the conference." The Internet, e-mail and virtual reality are all ways to keep faculty connected and ensure that students will be ready for their task as lifelong educators, she said. ■

School of Nursing Awards Honor Students, Faculty

Christine Hurley Deriso

The Medical College of Georgia School of Nursing presented 1997 student and faculty awards during its honors convocation June 7. The awards and their recipients are:

- Dean's Award for Best Essay by a Senior Student, a $200 award: Heather M. Dismuke, for her essay titled *Tuberculosis in the Haitian Immigrant Community.*
- E. Louise Grant Clinical Practice Award, a $200 award established by Dean Emerita E. Louise Grant for a senior with outstanding clinical practice and clinical standards: Anne C. Urmanski.
- Community Nursing Clinical Practice Award, awarded to a senior: Antoinette D. Clark.
- Hildegard Peplau Award, awarded by the Department of Mental Health-Psychiatric Nursing to one or more seniors with excellent psychiatric nursing skills: Taryn Ann Herrmann, Tammara Lynn Warren and Shawn Michael Watson.
- Dr. Linda A. Ellis, R.N. Award, a $100 award for a registered nurse earning a bachelor's degree who exemplifies professional nursing practice: Clifford A. Stephens.
- Alumni Award for Best Scholarly Paper, a $200 award from the School of Nursing Alumni Association: Buffy Elaine Smith Halter for her paper titled *Pregnancy-Induced Hypertension: A Case Study.*
- Drs. Vickie A. And Clinton E. Lambert Nursing Scholarship Award, a $500 award for a Ph.D. student demonstrating excellence in scholarly written work: Sandra Mobley Edenfield.
- Leilee P. Ault Clinical Excellence in Graduate Adult Nursing Award, awarded by the Department of Adult Nursing to a graduate student demonstrating outstanding clinical competence, leadership and application of research findings in the clinical setting: Ethlyn McQueen Gibson.
- Rebecca Andrews Scholarship Award, a $500 award recognizing an undergraduate's interest in emergency nursing: Kelly Elizabeth Kovach.
- The Dean Vickie A. Lambert Student Nurses' Association Member of the Year Award, recognizing a distinguished member of the Student Nurses' Association: Angela Joyce Holland on the School of Nursing's Augusta campus and

Nursing educators discuss innovations in teaching nursing students during seminar.

Shirley Arlene Stafford on the Athens, Ga., campus.

- The Dr. Katherine E. Nugent Student Nurses' Association Leadership Award, recognizing a member of the Student Nurses' Association who demonstrates leadership skills: Vannette Machelle Jones on the Augusta campus and Elizabeth Ruth Larkins on the Athens campus.
- Spirit of Nursing Award, presented by the U.S. Army Nurse Corps: Angela Joyce Holland on the Augusta campus and Shirley Arlene Stafford on the Athens campus.
- MCG Faculty and Spouse Club Scholarship Award, a $750 award recognizing academic excellence: Jodi Lynn Lange.
- Marilyn Chew Lunn Memorial Nursing Leadership Award, a $500 award recognizing outstanding leadership in either nursing education or clinical nursing practice: Jane C. Clark.
- Betty M. Golden Scholarship Award, recognizing 20 years of outstanding contributions to MCG and the nursing profession: Jodi Lynn Lange. ■

Alumna Receives Red Cross Award

Christine Hurley Deriso

Marilyn Self, a 1969 graduate of the Medical College of Georgia School of Nursing, has received the 1997 Jane A. Delano Award, given annually to a Red Cross employee for outstanding contributions to Red Cross programs and services.

Ms. Self, a Red Cross Disaster Health Services Specialist with 24 years of volunteer and professional experience with the organization, works from the Atlanta Chapter headquarters to help Georgia chapters develop disaster health services. During her tenure, she has pioneered AIDS education programs, recruited nurses to work on disasters, encouraged chapters to become involved in nurse enrollment and written articles on nursing issues for professional publications.

She is on call up to four months a year for national disaster assignment and recently was assigned to a national rapid-response team to be activated in time of an aviation disaster involving mass casualties. She is rated a Level 4 health services officer and recently returned from a two-week assignment to the North Dakota floods where she directed disaster health services operations.

Marilyn Self

"It's wonderful to help somebody when they've lost so much and don't know where to turn," Ms. Self said. "The Red Cross role is to smooth the pathway to give people more control as they start to rebuild their lives." ■

The Augusta chapter of the March of Dimes presented a $7,000 grant June 2 to Dr. Nancy Williamson, Director of MCG's Rural Health Outreach Program. The grant will enable the program to computerize its medical records.

Homecoming Slated April 30-May 3

The Medical College of Georgia will celebrate Homecoming 1998 April 30 through May 3. Plans finalized to date include:

Allied Health Sciences

- May 1, noon: School of Allied Health Sciences Alumni Association luncheon and presentation of the Distinguished Alumnus Award, Old Medical College.
- May 1, time to be announced: Dental hygiene program, MCG Alumni Center. A dental hygiene program also will be held May 2 at the School of Dentistry Building.

Dentistry

- May 1, 12:30-1 p.m.: School of Dentistry Alumni Association business meeting, Radisson Riverfront Hotel.
- May 1, 1-5 p.m.: School of Dentistry Goldstein Lectureship, Radisson Riverfront Hotel. Dr. Marvin Goldstein will host a social hour at 6:30 p.m., and the lectureship will continue May 2 from 8:30 a.m. to noon.
- May 1, 7:30 p.m.: School of Dentistry Alumni Association dinner and presentation of the Distinguished Alumnus Award, Radisson Riverfront Hotel.

Graduate Studies

- April 30, noon: School of Graduate Studies Alumni Association board meeting and annual business meeting, MCG Alumni Center.
- April 30, 4 p.m.: School of Graduate Studies Alumni Association Distinguished Alumnus Award presentation and lecture, MCG Alumni Center, followed by a reception at 5 p.m. and dinner at 6 p.m.

Medicine

- May 1, 5-7 p.m.: School of Medicine Dean's Reception at the Old Medical College solarium.
- May 1, 7 p.m.: Alumni Association of the School of Medicine annual banquet and presentation of the Distinguished Alumnus Awards, Old Medical College ballroom.
- May 2, 8:30 a.m.: MCG Foundation/Medical Alumni Joint Development Committee meeting, MCG Alumni Center.
- May 2, 9:30 a.m.: Alumni Association of the School of Medicine Board of Directors' meeting, MCG Alumni Center.
- May 2, 6 p.m.: School of Medicine class reunions for the classes of 1948, '53, '58, '63, '68, '73, '78, '83, '88 and '93, Radisson Riverfront Hotel. Also a dinner will be held for alumni not having a class reunion.
- May 3, 10:30 a.m.: Memorial service for School of Medicine alumni who passed away during the past year, hosted by the Alumni Association of the School of Medicine, Old Medical College solarium.
- May 3, 11:30 a.m.: Emeritus Club luncheon for School of Medicine alumni who graduated 40 or more years ago, Old Medical College ballroom.

Nursing

- May 1, 6:30 p.m.: School of Nursing Alumni Association dinner and program, including presentation of the Distinguished Alumnus Awards, Radisson Riverfront Hotel.

For all alumni/faculty

- May 1, 10 a.m.: Dedication of the new MCG Children's Medical Center (tentative).
- May 1-2, 11 a.m. to midnight: Hospitality suite, Radisson Riverfront Hotel.
- May 2, 11:30 a.m. to 2:30 p.m.: Student Government Association cookout/pool party, MCG Alumni Center.
- May 2, 11:45 a.m.: Nostalgia hour, MCG Alumni Center.
- May 2, 1 p.m.: MCG Foundation Board of Directors' meeting, Old Medical College.
- May 2, 3:30-5:30 p.m.: President's Reception, home of Dr. and Mrs. Francis J. Tedesco, 920 Milledge Road.
- May 2, 9:30 p.m.: Homecoming dance, Radisson Riverfront Hotel.

For more information, call the Alumni Office at (800) 869-1113 or (706) 721-4416. ■

Director of Clinical Trials Compliance Named

Toni Baker

Geoffrey I. Holmes, who has worked for 34 years in the pharmaceutical research industry, has been named Director of the newly established Office of Clinical Trials Compliance at the Medical College of Georgia.

The new office will serve as the university's internal monitor to help ensure that evaluations of new treatments are conducted in compliance with MCG, state and federal policies, Mr. Holmes said. And it will work closely with the Human Assurance Committee, a 24-member institutional review board charged with evaluating the safety and value of studies that involve patients.

MCG President Francis J. Tedesco announced plans to open the Office of Clinical Trials Compliance in February 1997.

The new office will help ensure that:

- Clinical trials are conducted according to conditions approved by MCG's Human Assurance Committee.
- Personnel involved in clinical trials are appropriately trained and periodic training is available to maintain competency.
- Research agreements are properly executed before studies are initiated and reflect costs associated with the studies.
- Clinical trial data, such as Human Assurance Committee approval, recruitment information and financial records, are easily available for review.
- Quality assurance oversight is maintained throughout the trial.

Working with Mr. Holmes in the new office will be Administrative Manager Lynnette Johnson; Information Systems Specialist Joe Rovira; and Internal Review Board Compliance Coordinator Michelle Christiano,who will work closely with Human Assurance Committee members and Dr. George Schuster, Chairman.

Mr. Holmes is recruiting a Clinical Trials Compliance Coordinator who will review the management of research dollars and coordinate educational programs for study coordinators and investigators.

Before coming to MCG, Mr. Holmes was Associate Director of Research and Regulatory Services for Premier Research Worldwide in Philadelphia, which works on behalf of pharmaceutical companies to place and monitor clinical trials. He retired from Merck Research Laboratories in 1996 after 29 years, during which time he worked extensively with clinical trials. At retirement, he was Associate Director for Cardiovascular Clinical Research.

He has a degree in biology from the University of Pennsylvania and a business degree from that university's Wharton School of Business. ■

Class Notes

School of Graduate Studies

Dr. Darrell W. Brann, Associate Professor of Physiology and Endocrinology, has received a grant renewal from the National Institutes of Health for his research, *Excitatory Amino Acids: Role in GnRH, LH and FSH Secretion.* Also, Dr. Brann has accepted an invitation to serve as a member of the Society for the Study of Reproduction Program Committee for 1997-98, chaired by Dr. Michael Grisworld. The committee establishes the program topics and structure for the society's annual meeting and selects papers to be presented.

School of Medicine

Dr. Corbett H. Thigpen ('45) received the 1997 Mercer University Distinguished Alumni Award. The award reads, "Mercer University College of Liberal Arts Alumni Association presents the Distinguished Alumni Award to Corbett H. Thigpen, class of '42, whose personal life, professional achievements and community service exemplify the ideals of the university."

Dr. H. James Beecham ('74), Honolulu, trained in infectious diseases at San Diego Naval Hospital and worked with Dr. Jonas Salk on an AIDS vaccine. He's now working on an oral vaccine for the military that will cure dysentery.

Dr. Roger S. Willis ('89), Cumberland, R.I., works in emergency medicine in Landmark Hospital in Woonsecket, R.I., while wife Margarett Ellison begins a fellowship in gynecology/oncology at Women and Infant's Hospital in Providence. Their fourth son was due in August 1997, joining brothers Roger, 11, Sam, 8 and Devon, 2. They look forward to returning to the South in 2000.

School of Nursing

Jeannene Brennan (B.S.N., '75), Anaheim, Calif., is a member of the clarinet section of the Golden West International Symphonic Band. The group's plans include a three-week tour of Europe in summer '98.

Laura G. Mitchell (B.S.N., '93), Grayson, Ga., graduated March 1997 from Georgia State University, earning her M.S.N. She is a family nurse practitioner with Promina Gwinnett Health System in Duluth, Ga. ■

AlumNews

Editor Christine Hurley Deriso
Writers Toni Baker
Christine Hurley Deriso
Carole Jones Smith
Susan Yarborough
Design Brent Burch
Photography Phil Jones

Deadline for submitting information for publication in the winter issue of AlumNews is Oct. 30, 1997.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news (attach additional page if needed)

Personal news (b&w photos welcome)

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

Are You Asking the Right Questions About Your Will?

Whenever people consider making or updating a will, all sorts of questions pop into their heads. Unfortunately, lots of them stem from a negative attitude: Will it cost much? How will I ever decide who should get what? Do I really have to think about my own death? Why do I have to do this now?

If these questions resemble your first thoughts, too, just remember this: A will is a good thing. Think of making or updating your will as an opportunity, not a burden. Having a better frame of mind leads you to ask much more productive questions, such as those that follow. Then you ll see that your will provides you with a privilege you shouldn t dismiss lightly.

Why is my will so special?

Your will is a way to be sure all of your property will go to those relatives, friends and organizations you care about most. Without a will, the state will decide who gets what, without consulting anyone or considering the special needs and financial circumstances of your particular situation.

But won't joint ownership, life insurance and pension arrangements take care of things?

Yes, up to a point. Remember, though, you probably have other assets to dispose of, such as personal effects, automobiles, your last salary check, an inheritance or a pending claim. And what if you and your spouse or other person who is the joint owner or policy beneficiary die in a common accident? Beyond that, too much joint ownership may result in a big tax bite out of the survivor's estate, something you can avoid with a good estate plan.

What should my will do for me?

To begin with, your will lets you give specific possessions and amounts of money to individuals and charitable organizations like the Medical College of Georgia Foundation. What remains is the residue of your estate, which you can then give in various proportions to your spouse, children, relatives or the Medical College of Georgia Foundation. You can also set up trust arrangements through your will, and your will lets you choose an executor capable of settling your estate.

Don't certain benefits in the tax law take the sting out of estate taxes?

That depends on your circumstances. Under federal law, an estate of up to $600,000 can pass tax-free. And there is an unlimited marital deduction for property left to a surviving spouse, either outright or in a qualified trust, if both are U.S. citizens. But for gifts to your children, or to anyone else but a spouse, the value of the estate over the tax-free level (remember that's $600,000) will be subject to federal tax rates. The rates kick in at 37 percent and go up from there.

What can I do so my estate will pay as little estate tax as possible?

You can take full advantage of estate tax savings by creating trusts through your will. A trust gives you a way to manage your investments and provide income to beneficiaries, while at the same time sheltering your assets from estate taxes. Another superb way to minimize death taxes is to leave part of your estate to a charitable organization like ours. (We can tell you more about plans that combine a trust and a charitable gift to give you income tax savings, as well.)

When should I review my will?

To be on the safe side, every three years. Better yet, look your will over whenever the answer to any of these questions is yes:

- Has your marital status changed?
- Do you have a new child or grandchild?
- Has a beneficiary died?
- Does your will fail to consider recent tax laws?
- Have you moved to or bought real estate in another state?
- Will new life insurance coverage or enlarged pension benefits affect your estate plan?
- Should you set up new trusts?
- Have you already disposed of an article mentioned in your will?
- Has your estate increased through your own efforts or by inheritance?
- Have your beneficiaries' needs changed?
- Do you want to benefit a charitable organization such as the Medical College of Georgia Foundation?
- Is your executor no longer capable of settling your estate?

Are any of my misgivings about making a will justified?

Let's go ahead and address the negative attitude questions that we began with. As for the cost, attorneys do charge for their skills; but a properly drafted will can save you (in taxes alone) many times the fees you pay. The unpleasantness of confronting your mortality and dividing up your possessions pales when you consider the consequences of your loved ones being deprived of the gifts you intended for them. And by procrastinating, you just delude yourself into believing there will always be time. The advantages of having a will in place most certainly outweigh any hassles in making one.

How can I set up a will that benefits the most people?

We recommend that you obtain the professional counsel of a lawyer who specializes in probate and estate planning. If you're considering a gift to the Medical College of Georgia Foundation, we'll be glad to help you and your attorney design the best plan for your wishes, financial circumstances and tax concerns. ■

MEDICAL COLLEGE OF GEORGIA ANNUAL REPORT HOSPITAL AND CLINICS

Beulah Hilton, a dietary assistant at the Medical College of Georgia Hospital and Clinics, doesn't have the ingredients for her mother's sweet potato pie written on a card in a recipe box. The recipe is committed to memory, along with a lot of love and thoughts of her 74-year-old mother in Louisville, Ga., from whom she learned it years ago.

When sharing her recipe, there's one ingredient Ms. Hilton doesn't mention: a liberal sprinkling of loving care. It showed, though, when Ms. Hilton, overhearing a terminally ill patient say he'd like nothing more than a piece of sweet potato pie just once more, went home from work and headed for the kitchen, only to return the next day bearing a home-baked pie, just for him.

That pie was special to the elderly man.

Just as special were the caring assurances and support given to a young woman in the Labor and Delivery Unit who was about to add "mother" for the first time to her role as "wife." The young mother, whose infant needed the specialized care of MCG's Neonatal Intensive Care Unit, said later, "I felt as if I had met friends, not just people who were doing their jobs. They were really concerned about me. The whole staff was there and ready to take care of my needs as well as our son's."

Stories like these that reflect the commitment to patient/family-centered care are common at MCG Hospital and Clinics and the MCG Children's Medical Center, where close to 17,000 patients were admitted for care and there were 438,000 outpatient visits during fiscal 1996-97.

In addition to MCG's patient/family-centered care focus, many advancements and accomplishments were initiated over the year:

- MCG, in cooperation with local community providers, was one of four sites in Georgia chosen to participate in a demonstration project aimed at keeping the state's frail and elderly population healthy and at home. In conjunction with this program, a new outpatient geriatric center is being planned. The facility, which will include an adult day health program, will offer primary care and be staffed by family practitioners, nurse practitioners and internists with special interests in caring for the elderly.
- The number of Emergency Department patients increased 10 percent since last year. An after-hours *Express Care* program was initiated this year to deliver comprehensive care encompassing the acute episodic unscheduled care needs: the small emergencies, the earaches, sore throats, sprains and lacerations and to treat them quickly and efficiently with limited wait time.
- An observation unit was opened for ambulatory surgery patients and others who need inpatient nursing care services for short stays, usually less than 24 hours. This unit offers comprehensive services including patient education, discharge procedures, appointment scheduling and follow-up calls.
- Expansion of the Comprehensive Cancer Center, a new oncology unit and stem cell transplantation unit, adds significantly to the resources for treating cancer in the Augusta area. In stem cell transplantation, cancer patients' own "mother" or stem cells from the bone marrow are used to promote the recovery of their immune systems following aggressive chemotherapy or radiation treatments. Before establishing the program at MCG Hospital and Clinics, patients undergoing stem cell transplantation had to go out of town, away from the support of their families and friends, for treatment.
- The overall cancer program, including the cancer tumor registry, was awarded a four-year approval by the Commission on Cancer of the American College of Surgeons this year. The approval program encourages optimal cancer diagnosis and treatment through cooperation and consultation among surgeons, medical oncologists, radiation oncologists, diagnostic radiologists, pathologists and other cancer specialists. The tumor registry lists all MCG cancer patients to allow the health care team to maintain contact with them and ensure continuing care and assistance with rehabilitation. It allows MCG Hospital and Clinics to participate in national efforts to improve patient care.
- The Patient/Family Advisory Council was established as part of MCG Hospital and Clinics' continued commitment to providing patient/family-centered health care. "Recognizing that a personal or family illness can be a stressful experience, we believe that we can reduce a measure of that anxiety by creating an environment that is

Ambulatory Surgery Unit's new waiting area

focused on partnering with our patients and families to meet their needs more effectively," said Alice Till, Associate Hospital Director for Patient Care Services. Advisory Council members have the opportunity to participate on task forces that address delivery of services, policies, programs and other issues critical to implementing the patient/family-centered care delivery model.

The MCG Center for Sports Medicine, with its board-certified staff, continues to help athletes and those who lead active lifestyles maintain or achieve their peak performance in whatever physical activity they enjoy. The center received a Community Service Award this year for the extensive services its faculty and staff provide for Augusta-area athletic events as well as for regional and national events brought to the area by the Greater Augusta Sports Council. In addition, the Center for Sports Medicine, along with WJBF-Television, won the South Carolina Education Association's School Bell Award for its sponsorship of the "Scholar Athlete of the Week" program.

New Sports Medicine Center opening fall 1998

Plans were drawn for a new Sports Medicine Center on the site of the existing center. The new center will include a large gym with a track, a functional activities room for throwing, hitting and drill skills, and space for an in-ground water tank with medical equipment for water training and aquatic exercise.

MCG Hospital and Clinics is also a place where new treatments and procedures are used to treat illness and disease. One such procedure, used for the first time at MCG this fiscal year, is pallidotomy, a surgical procedure that destroys a tiny portion of the brain to alleviate the slow and uncontrolled movements of Parkinson's disease.

In addition, MCG is one of 40 centers worldwide investigating a new approach to treating a type of malignant brain tumor in the early diagnostic stages. "We are investigating the potential for a whole new way of delivering medication that makes use of gene transfer technology to selectively target tumor cells for destruction," said Dr. James Fick, MCG neurosurgeon and researcher specializing in brain tumors.

Construction of the new MCG Children's Medical Center

As an academic medical center, MCG Hospital and Clinics is a member of the University HealthSystem Consortium, an organization of 72 U.S. academic health systems. MCG participates in UHC clinical benchmarking activities, sharing the best practices, which helps improve operational efficiencies and the quality of care. These activities, under the leadership of faculty, have resulted in reduced length of hospital stays for patients receiving kidney transplants and hip replacement surgery. To patients, this means a quicker recovery and return to activities they enjoy.

Another accomplishment of fiscal year 1997 was establishing a cooperative relationship between MCG and the Georgia Department of Corrections through which MCG will provide managed health care for the Georgia Correctional System. The estimated value of the contract is $60 million a year. The relationship enabled MCG to network with approximately 500 physicians and 37 hospitals throughout Georgia to provide this care.

MCG Hospital and Clinics also

continued to work with commercial managed care networks in the region, including the BlueChoice managed care product lines and U.S. Healthcare. MCG is a participating provider for Augusta's first Medicaid health maintenance organization and for TRICARE, the Department of Defense managed care health program. MCG is also affiliated with Georgia 1st, a statewide network of physicians and hospitals formed by the Emory University System of Healthcare.

Progress also was made in establishing a community-based primary-care physician network linked to MCG Hospital and Clinics. In the network, physicians from the community receive clinical faculty appointments and hospital admitting privileges. The Pediatric Nurse Triage Program continued to provide after-hours services for MCG general pediatric faculty as well as other community pediatricians who subscribe to the service.

Ten years ago, MCG embarked on a master facility plan, which provided for developing a state-of-the-art hospital and clinics facility. The plan included construction of the MCG Ambulatory Care Center and MCG Specialized Care Center, construction of a new MCG Children's Medical Center and completion of renovations in the Talmadge Building, the original building of the Hospital and Clinics which opened in 1956.

The ACC and SCC were completed and occupied several years ago. Ground was broken for the Children's Medical Center this year and completion is scheduled for early 1998. Renovations of the Talmadge Building have been ongoing.

"The master plan is now complete," said Patricia Sodomka, Executive Director of MCG Hospital and Clinics. "This year we capstoned a 10-year process of improvements in our physical plant, equipment and environment for care and teaching to support our role as a leading medical center in the South."

A $10 million renovations budget for fiscal 1997 included facilities for the oncology programs, cardiology services, a new patient care unit for general medicine and renal services patients and a new eye care center more than twice the size of MCG's former ophthalmology practice site. The renovations also brought together several patient support services which work closely with patients during their hospitalization, discharge and follow-up.

Also an important part of the projects was a new hospital chapel for the spiritual needs of patients and their families. "Today's institutions must demonstrate their commitment to involve and support families," said Dr. Robert Crumrine, Chairman of MCG's Department of Anesthesiology and a member of the hospital's Family-Centered Care Committee. "The chapel is a commitment to what our patients and families are telling us."

A new waiting area for the Ambulatory Surgery Unit was completed. New waiting and registration areas and consultation rooms for pre-operative services will open soon.

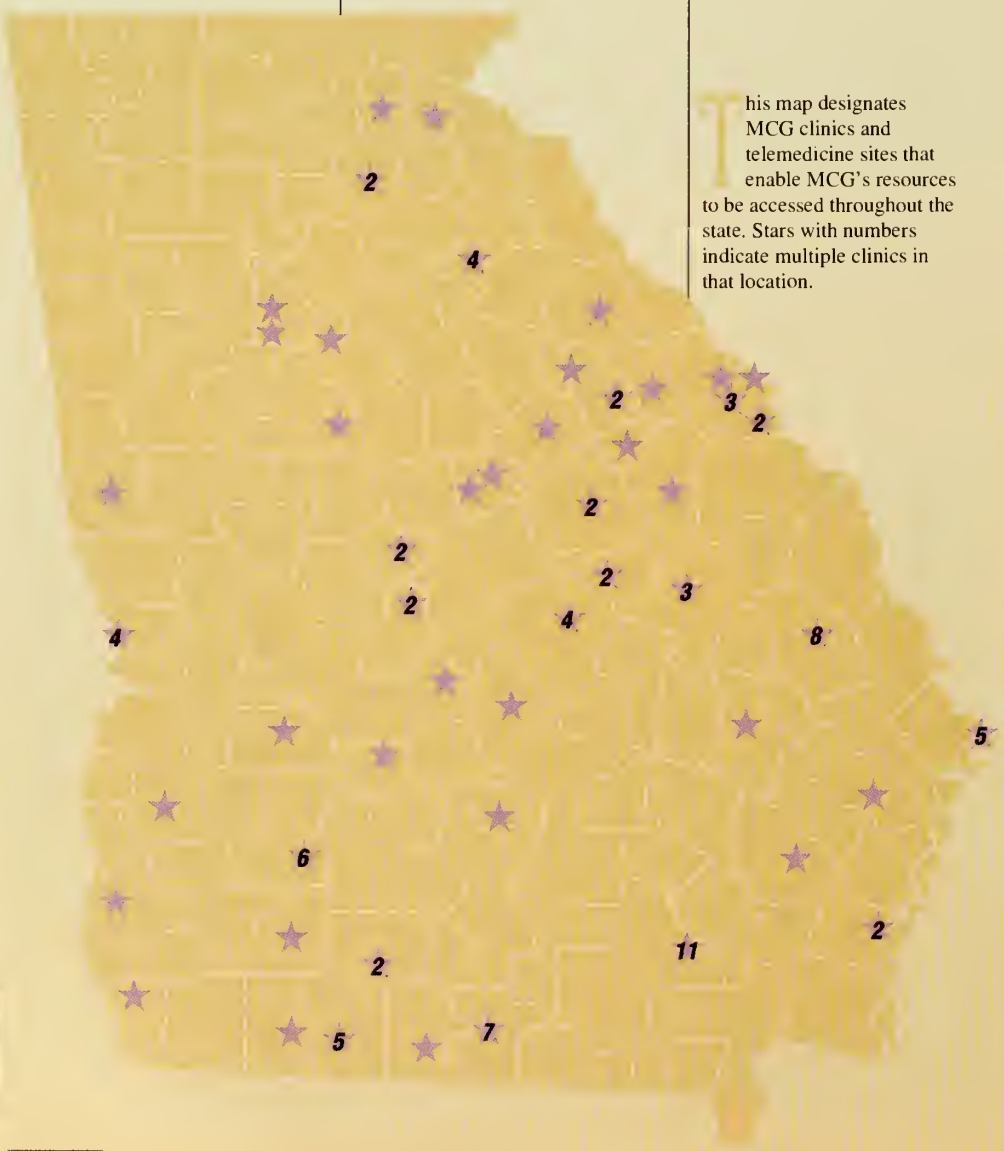
"We have a brand-new physical facility," said Ms. Sodomka. "We have always offered high-quality medical care, and now that care is complemented by a state-of-the-art family- and patient-sensitive physical environment."

The MCG Children's Medical Center is scheduled to open in June 1998. The facility design embraces new concepts that focus not only on creating healing environments, but also learning environments for children and families. Comprehensive diagnostic and treatment areas have been incorporated, along with state-of-the-art critical-care facilities and general medical/surgical beds. A helideck will provide for emergency arrivals by air, and a pediatric emergency room has been designed with the special needs of children in mind. A family resource center, education facilities, parent accommodations and other family needs also have been provided.

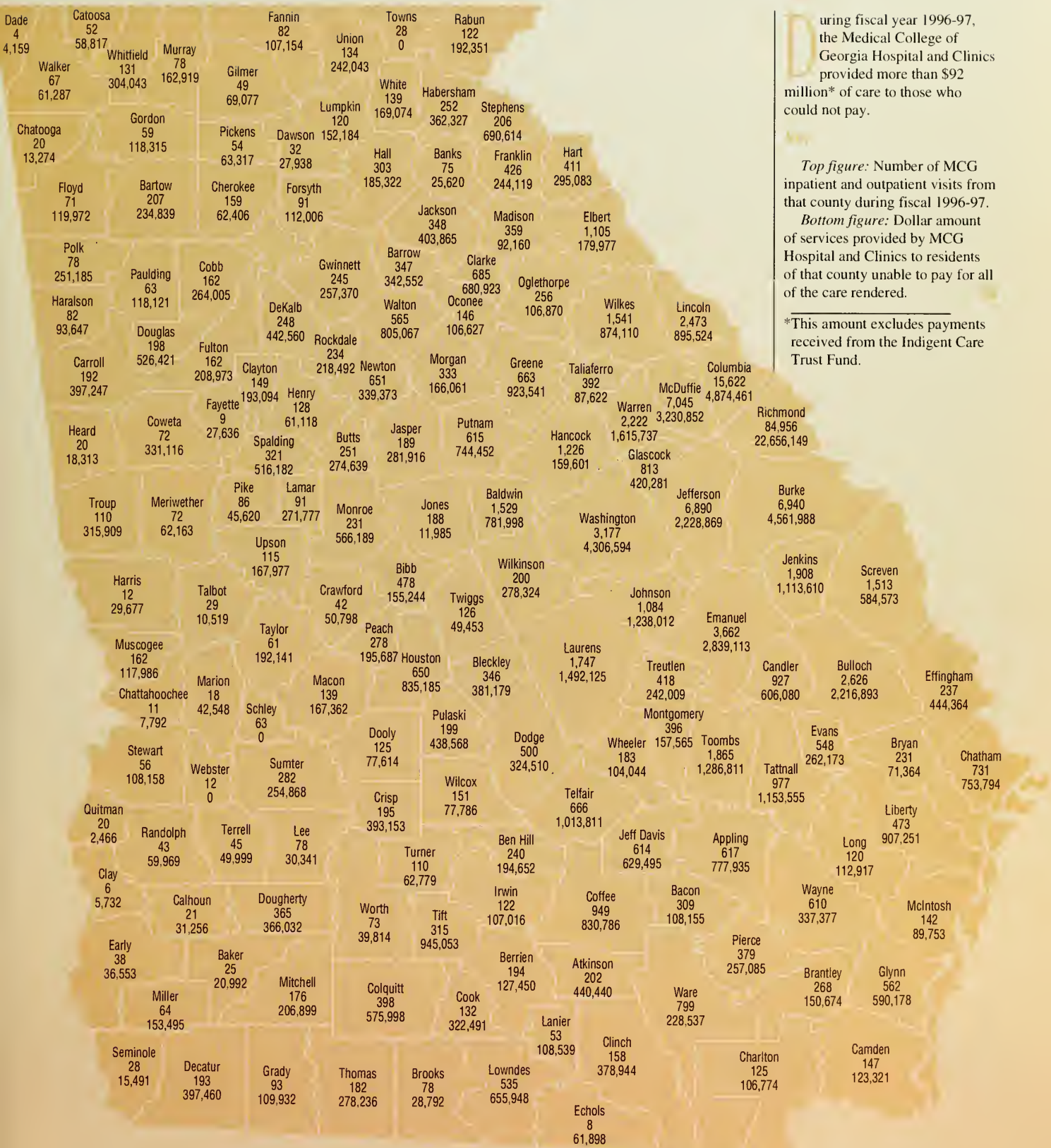
The new CMC will bring to 149 the total number of beds committed to children, teens and their families at MCG. It will connect with existing facilities in the Specialized Care Center, including the Regional Neonatal Intensive Care Unit which observed its first anniversary in June. The 36-bed unit has been virtually full since its opening, providing care for premature, low birth weight babies with respiratory problems and those with congenital heart anomalies and congenital gastrointestinal problems.

A Children's Advisory Council was established under the auspices of the CMC Family Advisory Council to ensure that the opinions and ideas of those being served would be considered in the CMC planning.

New programs, new buildings, new ways to deliver quality health care. MCG Hospital and Clinics made great strides in fiscal 1997. Changes for continued improvement—as well as the sweet potato pies, caring assurances and other small gestures that make a difference to our patients—will continue in the coming year.



This map designates MCG clinics and telemedicine sites that enable MCG's resources to be accessed throughout the state. Stars with numbers indicate multiple clinics in that location.



During fiscal year 1996-97, the Medical College of Georgia Hospital and Clinics provided more than $92 million* of care to those who could not pay.

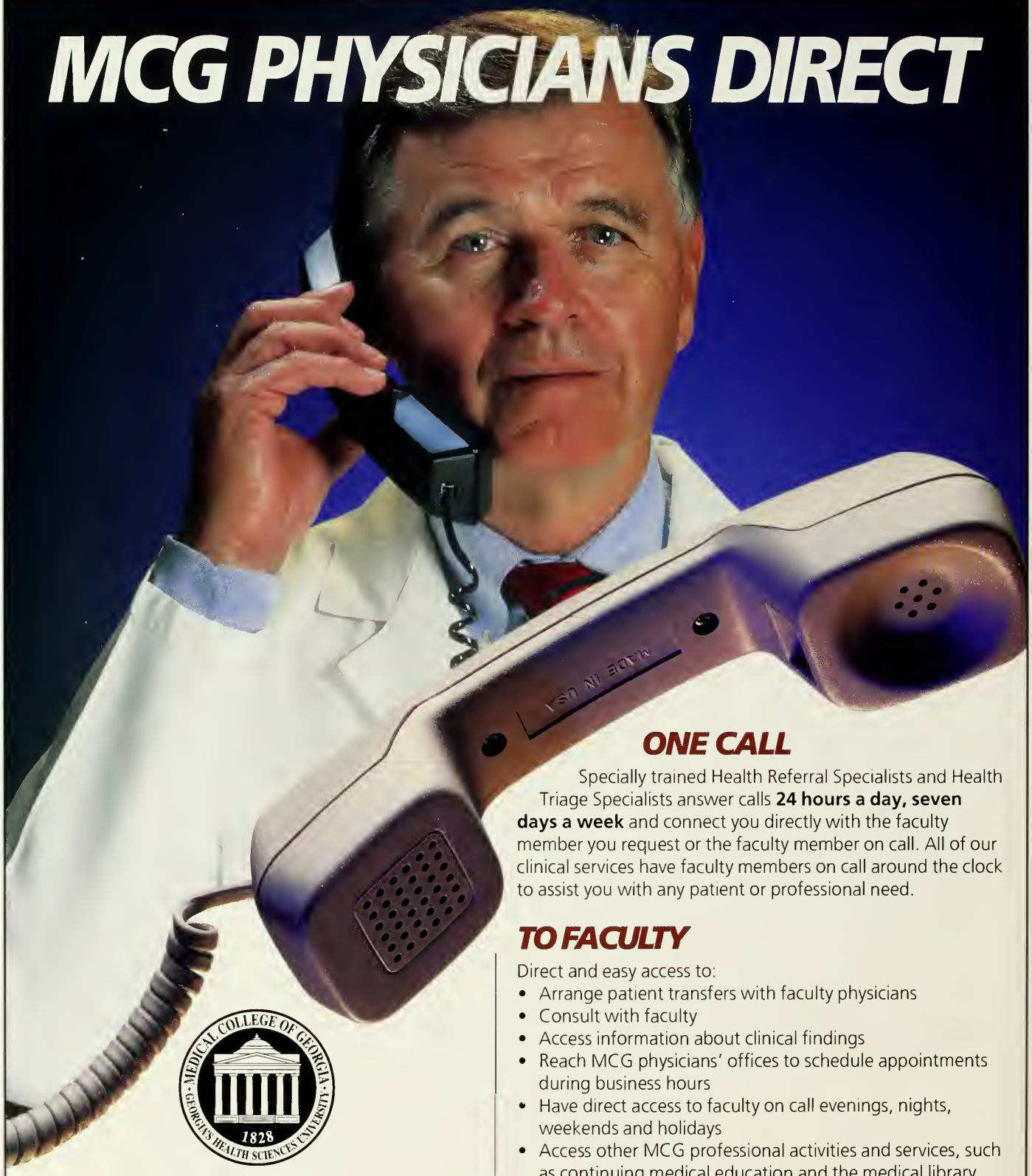
Top figure: Number of MCG inpatient and outpatient visits from that county during fiscal 1996-97.

Bottom figure: Dollar amount of services provided by MCG Hospital and Clinics to residents of that county unable to pay for all of the care rendered.

*This amount excludes payments received from the Indigent Care Trust Fund.

MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINICS

MCG PHYSICIANS DIRECT



ONE CALL

Specially trained Health Referral Specialists and Health Triage Specialists answer calls **24 hours a day, seven days a week** and connect you directly with the faculty member you request or the faculty member on call. All of our clinical services have faculty members on call around the clock to assist you with any patient or professional need.

TO FACULTY

Direct and easy access to:

- Arrange patient transfers with faculty physicians
- Consult with faculty
- Access information about clinical findings
- Reach MCG physicians' offices to schedule appointments during business hours
- Have direct access to faculty on call evenings, nights, weekends and holidays
- Access other MCG professional activities and services, such as continuing medical education and the medical library

MEDICAL COLLEGE OF GEORGIA · GEORGIA'S HEALTH SCIENCES UNIVERSITY · 1828

HOSPITAL AND CLINICS

(706) 721-1828 or **1-800-733-1828**

Summary Statement of Current Funds Revenues, Expenditures and Other Changes

Year Ended June 30, 1997

	Unrestricted			
	Educational and General	Auxiliary Enterprises	Restricted	TOTAL
Revenue				
Educational and General Revenues				
Student Tuition and Fees	$ 8,576,420			$ 8,576,420
Federal Appropriations				0
State Appropriations	150,384,744			150,384,744
Local Appropriations				0
Federal Grants and Contracts	2,490,926		12,914,247	15,405,173
State Grants and Contracts	84,080		14,393,189	14,477,269
Local Grants and Contracts			670,176	670,176
Private Gifts, Grants and Contracts	390,668		34,388,087	34,778,756
Investment Income				
Endowment			71,776	71,776
Other				0
Sales and Services of Educational Departments	7,072,692			7,072,692
Other Sources	66,639			66,639
Patient Fees	206,197,597			206,197,597
Sales and Services of Auxiliary Enterprises		5,234,661		5,234,661
TOTAL REVENUES	**375,263,766**	**5,234,661**	**62,437,476**	**442,935,903**
Expenditures and Mandatory Transfers				
Educational and General Expenditures				
Instruction	95,251,702		35,677,196	130,928,89
Research			16,562,573	16,562,573
Public Service	2,631,560			2,631,560
Academic Support	9,280,458		413,747	9,694,205
Student Services	1,547,139		14,391	1,561,530
Institutional Support	11,776,167		1,083,619	12,859,787
Operation and Maintenance of Plant	13,247,890			13,247,890
Scholarships and Fellowships	1,118,030		1,105,907	2,223,937
Hospital Expenditures	239,447,505		7,580,043	247,027,548
Auxiliary Enterprises Expenditures		4,715,864		4,715,864
Mandatory Transfers				0
TOTAL EXPENDITURES AND MANDATORY TRANSFERS	**374,300,453**	**4,715,864**	**62,437,476**	**441,453,793**
Other Transfers and Additions/Deductions				
Excess Restricted Receipts Over Transfers to Revenues			2,218,263	2,218,263
Non-Mandatory Transfers		(291,105)		(291,105)
Adjustments—Prior Year	486,328	2,698		489,025
Lapse of Surplus—Prior Year				
To State Treasury—General Funds	(125,924)			(125,924)
To State Treasury—Lottery Funds				0
TOTAL OTHER TRANSFERS AND ADDITIONS/DEDUCTIONS	**360,403**	**(288,408)**	**2,218,263**	**2,290,259**
NET INCREASE (DECREASE) IN FUND BALANCES	**$1,323,717**	**$230,390**	**$2,218,263**	**$3,772,370**

President's Club

President's Level

Members of the club's President's Level have made lifetime contributions of $50,000 or more and have achieved permanent membership in this giving club.

Mr. and Mrs. Gerry H. Achenbach*
Dr. and Mrs. Russell A. Acree Sr.
Mr. and Mrs. W. Clay Adamson Jr.
Dr. and Mrs. Marshall B. Allen Jr.
Mr. John B. Amos*
Mr. and Mrs. William L. Amos Sr.
Dr. William L. Barton*
Mrs. Sarah M. Bell
Dr. James W. Bennett
Mr. and Mrs. Paul Berney
Mr. J. C. Bible*
Dr. Hubert H. Blanchard*
Mrs. W. Herman (Estelle) Brooks
Dr. and Mrs. Felix B. Brown*
Dr. Clark Case
Mr. W. Roscoe Coleman*
Dr. and Mrs. Allen M. Collinsworth*
Mrs. James A. (Willie Ewing) Crockett
Dr. and Mrs. H. Gordon Davis Jr.
Dr. and Mrs. H. Gordon Davis III
Mr. and Mrs. Calvin B. Driver*
Dr. and Mrs. Byron H. Dunn
Dr. Taher Abdel M. El Gammal and Dr. Betty Sue Brooks
Drs. Robert G. and Lois T. Ellison
Dr. Emile T. Fisher
Mrs. Sammie S. Flaherty
Dr. W. Stewart Flanagin
Dr. Norman D. French
Dr. and Mrs. Marvin C. Goldstein
Miss E. Louise Grant*
Mr. Edward L. Greenblatt
Dr. and Mrs. Robert B. Greenblatt*
Mr. John C. Hagler III and Dr. Mary Anne Tyler Hagler
Dr. Dorothy A. Hahn*
Dr. and Mrs. Chenault W. Hailey
Dr. and Mrs. Curtis G. Hames
Mr. and Mrs. Marion P. Harris
Dr. and Mrs. J. Harold Harrison
Mrs. Milford B. (Marion) Hatcher
Mrs. Grace S. Hawes*
Dr. and Mrs. Charles Goodrich Henry*
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Dr. and Mrs. Gordon W. Jackson
Miss Lynne G. Johnson*
Dr. and Mrs. William T. Langston
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Dr. and Mrs. Francis J. Tedesco (President)
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Dr. and Mrs. C. Mark Whitehead Sr.
Dr. and Mrs. Roston M. Williamson Jr.
Dr. and Mrs. Arthur W. Willis Jr.
Mrs. Lucille B. Winans*
Drs. Charles H. and Betty B. Wray

* Deceased

Founder's Level

The following members of the President's Club at the Founder's Level have made lifetime contributions of $10,000 to $49,999.

Dr. William C. Acton
Mr. and Mrs. R. Thomas Ambrose
Dr. and Mrs. W. Jackson Atha Jr.
Dr. Mims C. Aultman
Mr. and Mrs. Jack Bandy
Dr. and Mrs. Raymond C. Bard
Dr. and Mrs. James T. Barenie
Dr. and Mrs. Fred Donald Bass
Dr. and Mrs. Estol R. Belflower
Dr. and Mrs. Wayne D. Beveridge
Mr. and Mrs. Robert S. Bissell Jr.
Mr. James A. Blissit
Dr. Joseph A. and Rev. Dr. Janice L. Blissit
Mrs. Lois H. Bohler
Dr. and Mrs. J. Larry Boss
Dr. and Mrs. Mercer T. Bridges Sr.
Mrs. Mary W. Burnett
Dr. and Mrs. Charles G. Burton
Mrs. Sarah Turner Butler
Dr. and Mrs. Cliff L. Cannon Jr.
Dr. and Mrs. Nelson S. Carswell Jr.
Dr. and Mrs. A. Bleakley Chandler Sr.
Dr. and Mrs. Joseph Bryan Chastain
Mr. and Mrs. Cassius M. Clay
Dr. and Mrs. Gordon Blake Collins
Dr. and Mrs. James Emmett Collins
Dr. and Mrs. William C. Collins
Dr. and Mrs. Robert W. Comer
Dr. and Mrs. John W. Darden
Dr. J.W. Richard Davis
Dr. Leila D. Denmark
Dr. and Mrs. Howard Clifton Derrick Jr.
Dr. and Mrs. Jewell B. Duncan
Dr. and Mrs. Wallace S. Edwards
Dr. Linda A. Ellis
Dr. and Mrs. Harold S. Engler
Mrs. J. Lee Etheredge Jr.
Dr. Alva H. Faulkner
Dr. Fort F. Felker Jr.
Dr. and Mrs. James F. Flanders Jr.
Dr. and Mrs. Herman F. Flanigin Jr.
Mr. and Mrs. Eugene Fleischer
Drs. Murray A. and Sandra N. Freedman
Dr. and Mrs. Atwood McGowen Freeman Jr.
Dr. and Mrs. Gerald M. Freeman
Dr. and Mrs. William E. Freeman
Dr. and Mrs. Thomas R. Gadacz
Dr. and Mrs. R. Don Gambrell Jr.
Dr. and Mrs. Glen E. Garrison
Dr. and Mrs. Gregory L. Gay
Dr. and Mrs. James William Gay
Dr. and Mrs. Peter G. Gilbert
Dr. and Mrs. Donald M. Gilner
Dr. Donald D. Gold
Dr. Samuel Melvin Goodrich and Mrs. Ellen Schneider Goodrich
Mrs. Dorothy Royal Gower
Dr. and Mrs. Frank B. Graham III
Dr. and Mrs. Lowell M. Greenbaum
Dr. and Mrs. James R. Gregory
Dr. and Mrs. Louie H. Griffin Jr.
Dr. and Mrs. J. Daniel Hanks Jr.
Dr. and Mrs. Billy S. Hardman
Dr. and Mrs. Thomas F. Hardman
Dr. Patricia L. Hartlage
Dr. Melvin L. Haysman and Mrs Roberta Kamine-Haysman
Dr. and Mrs. Dariush H. Heidary
Dr. and Mrs. Loy G. Hicks Jr.
Dr. and Mrs. Charles F. Hobby Sr.
Mr. and Mrs. R. Eugene Holley
Dr. and Mrs. John E. Horvath
Dr. and Mrs. Jerry W. Howington
Dr. and Mrs. William D. Hughes
Dr. C. M. Hutchinson
Mr. and Mrs. Harold C. Jackson
Dr. and Mrs. Floyd C. Jarrell Jr.
Mr. and Mrs. R. Wayne Jennings
Dr. C. Denton Johnson Jr.
Dr. and Mrs. Lawson C. Johnson Sr.
Dr. and Mrs. John Paul Jones
Dr. and Mrs. William P. Kanto Jr.
Dr. and Mrs. Thomas Eugene Kennedy
Dr. and Mrs. Van Cise Knowles
Mr. and Mrs. Wyck A. Knox Jr.
Mr. and Mrs. Jack Henry Korn
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Drs. Clinton E. and Vickie A. Lambert
Mr. George H. Lane III
Dr. and Mrs. James F. Langford
Dr. and Mrs. Stanley H. Levine
Dr. and Mrs. Ronald W. Lewis
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Dr. and Mrs. H. Gilbert Maddox Jr.
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Dr. and Mrs. Robert A. Matthew
Mr. William W. Matthies
Mr. and Mrs. D. J. Matuszak
Dr. and Mrs. Wallace D. Mays
Drs. E. James and Martha S. McCranie
Dr. and Mrs. Paul G. McDonough
Dr. and Mrs. LaMar Scott McGinnis Jr.
Dr. and Mrs. Sylvester N. McRae
Dr. Carol F. Meyer
Dr. Frank J. Miller
Dr. and Mrs. John C. Mitchell
Mr. Mark Moran and Dr. Jeannie H. Moran
Dr. and Mrs. William H. Moretz Jr.
Dr. and Mrs. Robert T. Morgan
Mr. and Mrs. William S. Morris III
Ms. Alice G. Muldoon
Mr. and Mrs. Robert A. Muldoon
Dr. and Mrs. Daniel E. Nathan
Dr. and Mrs. Jule C. Neal Jr.
Dr. and Mrs. John W. Nelson
Dr. and Mrs. Harvey M. Newman III
Dr. Fenwick Tattnall Nichols III and Dr. Martha E. Nichols
Dr. Fenwick T. Nichols Jr. and Dr. Caroline Williams
Dr. and Mrs. Stephen A. Noller
Drs. James L. and Mary Hamby O'Quinn
Mrs. Nora Pascarella
Dr. and Mrs. Lamar B. Peacock
Mrs. Louise Morris Peacock
Mrs. Jane R. Pidcock
Dr. Winford H. Pool Jr.
Mrs. Florence Pratt
Dr. and Mrs. William H. Rhodes Jr.
Mrs. Minnie M. Rinker
Dr. and Mrs. Jim L. Rogers
Mrs. Estelle S. Rosen
Mr. and Mrs. James Salva
Dr. and Mrs. Beverly B. Sanders Jr.
Dr. and Mrs. F. Hunt Sanders
Dr. and Mrs. Milton B. Satcher
Dr. and Mrs. Elwyn A. Saunders
Dr. and Mrs. Robinson W. Schilling Jr.
Dr. and Mrs. Lloyd B. Schnuck Jr.
Mr. and Mrs. Abram J. Serotta
Mr. O. L. Shaffner
Dr. Robert I. Schattner
Dr. and Mrs. William C. Shirley Sr.
Drs. Mark M. and Joyce N. Shoemaker
Dr. and Mrs. Jerome H. Siegel
Mrs. Joseph Siegel
Dr. Sam A. Singal
Dr. and Mrs. James H. Smith
Mrs. Linda G. Spooner
Dr. and Mrs. James W. Stapleton
Dr. and Mrs. Frank H. Stelling
Dr. and Mrs. W. Dean Steward
Dr. and Mrs. Douglas L. Stringer
Dr. and Mrs. Frederick C. Sturmer Jr.
Dr. and Mrs. Daniel B. Sullivan
Dr. and Mrs. Larry L. Tilley
Dr. Joseph W. Tollison
Dr. and Mrs. Evan M. Torch
Dr. and Mrs. T. Barrett Trotter
Dr. and Mrs. J. Render Turner
Mrs. Jeanette M. Vallotton
Drs. Larkin F. Walker and Teresa C. De Rojas-Walker
Mr. and Mrs. Harold Weiner
Dr. and Mrs. Michael H. Whittle
Dr. and Mrs. Leslie L. Wilkes
Dr. and Mrs. A. Calhoun Witham
Dr. Roy Witherington
Mrs. Elaine D. Wong
Mrs. Louise M. Wright
Mr. Weldon Wyatt
Dr. Thomas J. Yeh

Partner's Level

The following members of the President's Club have attained Partner's Level membership through their gifts of $1,000 or more during fiscal 1996-97.

Dr. and Mrs. Henry M. Althisar Sr.
Dr. and Mrs. Samuel G. Amporful
Dr. and Mrs. John R. Arnall
Dr. and Mrs. J. Michael Ash
Dr. and Mrs. Randan L. Ashmore
Mr. Stephen and Dr. Carolyn S. Ashworth
Dr. and Mrs. Alan R. Atwood
Dr. and Mrs. C. Robert Baisden
Dr. and Mrs. Samuel L. Banks
Dr. and Mrs. Glenn H. Bartlett
Dr. Robert W. Beard
Dr. and Mrs. J. Chandler Berg
Dr. and Mrs. Vidor Bernstien
Dr. and Mrs. Eugene F. Binet
Dr. and Mrs. William R. Birdsong
Dr. and Mrs. Talmadge A. Bowden Jr.
Dr. and Mrs. Donald L. Boyd
Dr. and Mrs. William S. Boyd
Dr. and Mrs. N. Craig Brackett III
Dr. Jean B. Braun
Dr. and Mrs. Lloyd C. Brewton
Dr. and Mrs. William P. Brooks
Dr. Walter J. Brown III
Dr. and Mrs. Walter J. Brown Jr.
Dr. and Mrs. William H. Buntin Jr.
Dr. and Mrs. Joseph J. Burch
Mr. and Mrs. David M. Byrd
Mr. and Mrs. Joseph Byrd
Mr. and Mrs. Stephen A. Byrd
Dr. Mary I. Cady
Mr. and Mrs. Mark C. Callaway
Dr. and Mrs. Robert M. Cannon II
Dr. and Mrs. M. Gary Carter
Dr. Ralph J. Caruana
Dr. and Mrs. Robert M. Cates
Mr. and Mrs. Dale M. Chernich
Mr. and Mrs. James Russell Clarke III
Dr. Alfred O. Colquitt Jr. and Dr. Luella Klein Colquitt
Dr. and Mrs. Alfred O. Colquitt III
Dr. and Mrs. Don Ray Connell
Dr. Beverly L. Connelly
Dr. and Mrs. Lanny R. Copeland

The Medical College of Georgia hosts a President's Dinner every fall to honor members of the President's Club. The following photographs are scenes from the 1996 dinner.

Colonel and Mrs. John C. Cornelson
Dr. and Mrs. R. Scott Corpe
Dr. and Mrs. John B. Davis Jr.
Dr. and Mrs. Thomas E. Day
Dr. and Mrs. Daniel S. De La Penha
Dr. and Mrs. Johnny T. Deen
Dr. and Mrs. John L. Dekle Jr.
Mr. and Mrs. Ronald DeLaughter
Dr. and Mrs. Ervin Dan DeLoach
Mr. and Mrs. Franklin H. Dennison
Dr. and Mrs. H. Clark Deriso Jr.
Dr. and Mrs. Don Bernard DeStephano
Dr. Lawrence D. Devoe
Dr. and Mrs. William K. Dolen
Drs. Thomas L. and Kelley B. Dopson
Dr. and Mrs. Asa D. Duggan Jr.
Dr. and Mrs. John R. Duttenhaver
Dr. F. Kathryn Edwards
Dr. and Mrs. C. W. Ellison
Dr. and Mrs. Robert A. Erdin Jr.
Dr. and Mrs. Paul M. Finer
Mr. and Mrs. Richard D. Fishback
Dr. and Mrs. Garnett A. Fisher
Dr. Ann M. Flannery
Ms. Fredericka M. Flynt
Mrs. Cynthia H. Gaskins
Dr. and Mrs. Garnett J. Giesler Jr.
Dr. and Mrs. R. Clark Gillett Jr.
Dr. and Mrs. Barry D. Goldstein
Dr. and Mrs. Isaac Goodrich
Dr. and Mrs. Frederick W. Gourdin
Dr. Charles R. Green
Dr. and Mrs. Shelley A. Griffin
Dr. Marshall A. Guill III and
Dr. Margaret F. Guill
Dr. and Mrs. Frank D. Guillebeau
Dr. and Mrs. E . Cody Gunn
Mr. and Mrs. Bradley Hale
Dr. and Mrs. Edward L. Hall
Dr. and Mrs. William Charles Hall
Dr. Edward H. Hamilton Jr.
Dr. and Mrs. Charles I. Hancock
Dr. and Mrs. John A. Hardin
Mr. and Mrs. Milford B. Hatcher Jr.
Dr. and Mrs. Carlton W. Hearn
Dr. and Mrs. Paul E. Henson Jr.
Mr. and Mrs. James F. Hilliard
Dr. and Mrs. William H. Hoffman
Dr. and Mrs. Walter F. Homeyer Jr.
Dr. and Mrs. William R. Howard
Dr. and Mrs. Charles G. Howell Jr.
Dr. and Mrs. Arthur L. Humphries Jr.
Dr. and Mrs. James W. Jackson
Dr. and Mrs. Joseph L. Jackson
Dr. and Mrs. Todd S. Jarrell
Dr. and Mrs. Mikell B. Karsten
Mr. and Mrs. Samuel B. Kellett
Dr. and Mrs. Terry Vern Kelley
Dr. Virginia H. Kemp
Dr. Maureen R. Killeen
Dr. and Mrs. Don W. King
Mr. and Mrs. Robert P. Kirby
Drs. Darrell G. and Deborah M. Kirch
Drs. Abdullah and Ferdane Kutlar
Dr. and Mrs. Michael N. Laslie
Dr. and Mrs. Paul Alan Lavietes
Dr. and Mrs. Jack Lawler
Dr. and Mrs. Lawrence C. Layman
Dr. and Mrs. John L. Lee Jr.
Mr. and Mrs. John W. Lee
Dr. and Mrs. Fred A. Levin
Dr. and Mrs. Jay A. Levin
Dr. and Mrs. Joel E. Lightner Sr.
Mr. Keely O. Lively Jr.
Dr. Cathy Corinne Lovett
Drs. Warren C. and Katherine T. Lovett
Dr. Alfred E. Lupien
Dr. and Mrs. Malcolm N. Luxenberg
Dr. and Mrs. John Gray Madry Jr.
Dr. and Mrs. James E. Marlow
Dr. and Mrs. Roger P. Martin
Dr. and Mrs. Alva L. Mayes Jr.
Dr. and Mrs. William E. Mayher III
Dr. and Mrs. Wesley B. McDaniel Jr.
Dr. and Mrs. Dennis E. McDonnell
Dr. and Mrs. Virgle W. McEver III
Dr. and Mrs. Ray L. McKinney
Dr. and Mrs. Frederick L. McLean
Dr. and Mrs. Larry B. Mellick
Dr. and Mrs. Thomas M. Mills
Mr. and Mrs. Victor Mills
Dr. and Mrs. Michael C. Mobley
Dr. and Mrs. Stanley R. Mogelnicki
Dr. and Mrs. Thomas A. Montgomery
Dr. and Mrs. Larry A. Morris
Dr. and Mrs. Stephen C. Mullins
Dr. and Mrs. Mark E. Murphy
Dr. and Mrs. David R. Myers
Dr. and Mrs. Robert R. Nesbit Jr.
Mr. and Mrs. W. Frank Newsome
Dr. and Mrs. David P. Nicholson
Dr. and Mrs. James L. Orrington
Dr. and Mrs. James B. Osborne
Dr. William Elton Osborne
Ms. Elizabeth J. Ostric
Dr. and Mrs. Harvey G. Ouzts
Dr. and Mrs. Joseph L. Owens Jr.
Dr. and Mrs. William M. Oxford
Dr. and Mrs. Thomas Parfenchuck
Dr. and Mrs. Rafael Pablo Pascual
Dr. Thomas E. Philpot
Dr. and Mrs. Joel C. Pittard
Dr. and Mrs. James C. Pope
Dr. and Mrs. Stuart H. Prather Jr.
Dr. and Mrs. William H. Pullen Jr.
Dr. and Mrs. Robert L. Pulliam Jr.
Drs. James B. and Joan Puryear
Drs. Nicholas J. and Alice Quinif
Dr. and Mrs. Nathan B. Rabhan
Dr. and Mrs. Ronald C. Reagan
Dr. Geraldine Rinker
Dr. Linda B. Ritter
Dr. Angela A. Robbins
Dr. and Mrs. John H. Robinson III
Dr. and Mrs. Harvey B. Roddenberry
Drs. David A. and Laura Q. Rogers
Dr. and Mrs. Ralph B. Scurry Jr.
Dr. and Mrs. Ashburn P. Searcy
Dr. and Mrs. Hoke C. Segars
Dr. and Mrs. Edouard J. Servy
Dr. and Mrs. W. Herman Sessions
Dr. David A. Shearer
Dr. William C. Shirley Jr.
Dr. Lee H. Silverstein
Dr. and Mrs. James M. Skinner Sr.
Dr. Roberta M. Slater
Dr. and Mrs. Larry R. Smith
Mr. and Mrs. Dennis Sodomka
Dr. and Mrs. Curt M. Steinhart
Dr. Jorge Suarez-Menendez
Dr. and Mrs. Hy C. Sussman
Dr. and Mrs. James T. Sutton
Dr. and Mrs. William L. Theus
Dr. and Mrs. Theo G. Thevaos
Dr. and Mrs. James T. Tippett
Dr. Tamela B. Tripp
Dr. and Mrs. Roy W. Vandiver
Dr. and Mrs. Biagio J. Vericella
Dr. and Mrs. Harvey S. Wages Jr.
Dr. Alan S. Waller
Dr. and Mrs. Donald B. Waters
Mrs. Patricia A. Watkins
Dr. and Mrs. W. Gamewell Watson
Dr. and Mrs. Benton M. Wheeler
Dr. and Mrs. Cecil F. Whitaker Jr.
Dr. and Mrs. Charles K. Williamson
Mr. Gerald W. Woods and
Dr. Deborah J. Bates
Dr. and Mrs. Neal F. Yeomans
Dr. and Mrs. Timothy R. Young

Businesses and Foundations

The following businesses and foundations have contributed $1,000 or more during fiscal 1996-97.

3M
A.B. Beverage Company, Inc.
Abbott Laboratories
ABCOMM, Inc.
Accent on Hair
Allergan, Inc.
Allergy & Immunology Society of Georgia
Allied Bank of Georgia
Alpha-Beta Technology, Inc.
American College of Cardiology
American Dairy Queen Corp.
American Heart Association
Astra Merck Group
The Augusta Chronicle
Augusta Mall
Augusta Mall Merchants Association
Augusta Newsprint
Avondale Mills
Barr Laboratories, Inc.
Bausch & Lomb
Bayer Corporation
Board of Regents
C. Beck & Associates, Inc.
Cancer Federation, Inc.
Carl J. Herzog Foundation, Inc.
Children's Heart Program Volunteer
Council
Clements Trucking Co. Inc.
Clinton Anderson Hospital Inc.
Columbia County Development Authority
Credit Union League, Augusta Chapter
Cullum Foundation
Dairy Queen
Dorothy Mustin Buttolph Foundation
Drew Exposition
Eastern District Dental Society
Eastman Kodak Company
Eckerd Drug Stores
Eli Lilly & Company
Enterprise Rent-A-Car
Ethicon, Inc.
Evans High School
Evans Middle School
First National Bank, Waynesboro
First Union Foundation
Food Lion
Fujisawa USA, Inc.
GA Dental Education Foundation, Inc.
Genentech, Inc.
Gensia, Inc.
Georgia Academy of Family Physicians
Georgia Academy Of General Dentistry
Georgia Association of Pathologists
Georgia Bank and Trust
Georgia Forestry Association
Georgia Power Foundation, Inc.
Gold Mech, Inc.
Goody's Family Clothing
Greater Augusta Community Foundation, Inc.
Heart Support of America, Inc.
Heinz USA
Hershey Food Corp.
Hoechst Marion Roussel Inc.

Hoffmann-LaRoche
Home Quarters Warehouse, Inc. (HQ)
Hood Laboratories
Ilacqua DiBona and Associates
International Paper
Janssen Pharmaceutica
John Mayo & Associates-
Contract Furniture Ser.
Johnson & Johnson
Kappa Lambda Chapter of
Omicron-Kappa Upsilon
Key Pharmaceuticals Inc
Kiwanis Club of Augusta, Inc
Kiwanis Club of Uptown Augusta
Knoll Pharmaceutical
KOA Care Camps
Koger-Walters Oil
Kroger Stores
Krystal Company
Langford Middle School
M.B. Jones Oil Co., Inc.
Macuch Steel Products, Inc.-Employees
Marco Ophthalmic, Inc.
MCG Medical Dames Student Directory
MCG Sertoma Club
McGaw Inc.
McNeil Consumer Products Company
Mead Johnson Pharmaceuticals
Medtronic
Merck & Company, Inc.
Musculoskeletal Transplant Foundation
National Hills Lion's Club
North Augusta Middle School
North Harlem Elementary School
Novartis Pharmaceuticals Corporation
Nutrasweet Co.
Ohmeda
Olin Chemical Corporation
Olympus America, Inc.
Ortho-Biotech, Inc.
Palmer Wireless, Inc.
Pharmacia & Upjohn Company
Physicians Practice Group
Physicians World Communications Group
Pizza Hut of America, Inc.
Pollock Office Machine Co.
Public Safety/Parking Office MCG
Publix Super Markets, Inc.
Reliance Orthodontic Products, Inc.
RE/MAX Augusta
RE/MAX Masters
Restaurant Management Services, Inc.
Rhone-Poulenc Rorer Pharmaceutcial, Inc.
Richmond County Development Authority
Rinker Urologic Society
RiverNorth
Riverside Middle School
Roche Laboratories
Ronald McDonald Children's Charities
S & S Vending, Inc.
Sam's Club
Samson's Manufacturing Company
Sander and Ray Epstein
Charitable Foundation
Sandoz Nutrition
Schering Laboratories
-B-Quecue
Searle/Monsanto
Sherwood, Davis & Geck
Shriners Hospitals For Crippled Children
Siemens Medical Systems, Inc.
Smith & Nephew Richards, Inc.
SmithKline Beecham Corp.
Somewhere Out There
South Carolina Forestry Association
Southern Beverage Packers, Inc.
Southern Medical Association
Southern Optical Group
Speedway/Starvin' Marvin
Sprint
T-Bones
Tap Pharmaceuticals, Inc.
The Arthur H. Merry & Ernest B. Merry
Foundation
The Creel Foundation
The Dun & Bradstreet Corporation
Foundation
The Knights Templar Ed. Foundation of
Georgia, Inc.
Thomas P. Hinman Dental Meeting
University Hospital Housestaff
University of Florida
Varilux
Walmart
J.B. White
Wyeth-Ayerst Laboratories

Corporate Partnership Program Members

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ALLTEL
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Amoco Polymers
Augusta Sportswear, Inc.
Bagwell Insurance Services
BellSouth
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Blanchard and Calhoun
Brett's Moving & Storage/
United Van Lines
Cellular One
Cherry, Bekaert & Holland, CPA
Coca-Cola Bottling Company United, Inc.
Dawson, Taylor and Company
Development Authority of Columbia
County
Development Authority of Richmond
County
DSM Chemicals
E-Z Go Textron
FastSigns
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Glaxo-Wellcome
Greenfield Industries
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IBM
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Lansing B. Lee Jr., Attorney at Law
Merrill Lynch, Pierce, Fenner & Smith
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Osbon & Associates
Osbon Medical Systems, LTD.
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Partridge Inn
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R. W. Allen & Associates, Inc.
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Regent Security Services, Inc.
Sconyers Bar-B-Que
Serotta, Maddocks, Evans & Company
Smoak's Deli Bakery & Catering
Southeastern Technology Center
Southern Roadbuilders (APAC-Ga.)
SouthTrust Bank
SunTrust Bank of Augusta
Sweetheart Cup Co., Inc.
Trotter Realty
Wachovia Bank of Georgia
Warlick, Tritt & Stebbins
WBBQ Radio
Westinghouse Savannah River Co.
WFXG-TV 54
WRDW-TV Channel 12

Loyalty Club

The following members of the Loyalty Club contributed $500 to $999 during fiscal 1996-97.

Dr. Ronald M. Adams
Dr. and Mrs. Dean S. Attaway
Dr. and Mrs. Jack A. Bell Jr.
Dr. and Mrs. Lee A. Bell Sr.
Dr. and Mrs. Vincent F. Bergquist Jr.
Dr. Elizabeth A. Bernhard
Mr. and Mrs. Jon Bloomfield
Dr. Harry G. Bobotis
Dr. and Mrs. Gerald W. Bohanan
Dr. and Mrs. Robert C. Bowman
Dr. and Mrs. C. William Brown
Mrs. Cathy D. Carter
Dr. and Mrs. Sammy A. Caves
Dr. and Mrs. Dan K. Chalker
Mr. Don Cheeks
Dr. and Mrs. Douglas P. Clepper
Dr. and Mrs. Jorge 1. Cue
Dr. P. Charlton Davis Jr.
Dr. and Mrs. J. Ben Deal
Dr. Margaret B. DeVore
Dr. and Mrs. Gene F. Dickerson
Dr. and Mrs. David J. Dickey
Dr. Toney W. Dillard
Dr. and Mrs. Robert S. Donner
Dr. and Mrs. Conrad H. Easley
Dr. and Mrs. George L. Echols Jr.
Ms. Barbara H. Edwards
Dr. Paul D. Forney
Dr. Francois Gagnon
Dr. and Mrs. Pickens A. Gantt
Dr. and Mrs. Johnny L. Gayton
Dr. Jack M. Ginsburg
Dr. Edward J. Green
Dr. and Mrs. Joseph W. Griffin Jr.
Dr. and Mrs. Garland K. Gudger
Mrs. Frances R. Gwinn
Dr. and Mrs. James E. Haddad Jr.
Dr. Isaac S. Hadley
Dr. and Mrs. Wade B. Hammer
Dr. and Mrs. Robert H. Harris Jr.
Dr. and Mrs. Carl R. Hartrampf Jr.
Dr. and Mrs. Mark H. Hassel
Dr. and Mrs. Robyn M. Hatley
Dr. and Mrs. John M. Heng
Mr. and Mrs. Robert R. Heos Sr.
Dr. Joachim Hertel
Dr. and Mrs. Judson C. Hickey
Dr. Melody J. Higginbotham
Mr. and Mrs. Herbert L. Horton
Dr. Paul Hutchinson Jr.
Dr. and Mrs. Robert Paul S. Introna
Dr. Jeffrey R. Johnson
Ms. Miriam J. Kamback
Dr. and Mrs. Francis B. Kelly Jr.
Mr. and Mrs. Thomas Kelly Jr.
Dr. Fred J. Kight
Dr. and Mrs. Charles C. King Sr.
Mr. and Mrs. Tom E. Kirby
Dr. and Mrs. J. Malcolm Kling
Dr. and Mrs. Philip E. Koch
Dr. Walter F. Kuhn
Mr. Kevin W. Kurth
Dr. and Mrs. Charles C. Lamb
Dr. and Mrs. Dave C. Lee
Dr. Fredrick H. Leibach
Dr. and Mrs. Gary A. Lewis
Dr. Gloria L. Lewis
Dr. and Mrs. Paul D. Manganiello
Dr. Gilbert Maulsby
Dr. and Mrs. Thomas R. McDonald
Dr. and Mrs. Ollie O. McGahee Jr.
Dr. and Mrs. Matthew McRae Jr.
Dr. Kimberly W. Megow
Dr. and Mrs. Kenneth J. Mello
Dr. and Mrs. Ross H. Miller
Dr. Laura L. Mulloy
Dr. and Mrs. William B. Nipper Jr.
Dr. and Mrs. David A. Owings
Dr. and Mrs. J. Warren Patrick
Dr. and Mrs. Donald J. Payne
Dr. and Mrs. Franklin E. Payne Jr.
Dr. and Mrs. R. Steven Powell Sr.
Dr. and Mrs. Charles Daniel Procter Sr.
Dr. Denise L. Punger
Dr. M. Suzanne Pursley-Crotteau
Dr. and Mrs. Daniel W. Rahn
Dr. and Mrs. Michael T. Rainwater
Dr. and Mrs. Raghunatha N. Rao
Dr. Howard Rasmussen
Dr. and Mrs. O. William Reeder Jr.
Dr. and Mrs. Jonathan E. Reimer
Mr. and Mrs. Robert E. Rickman
Dr. and Mrs. Thomas V. Riggins
Dr. and Mrs. Charles A. Ross
Mr. and Mrs. Richard E. Sampson
Mrs. Marceline Saunders
Dr. and Mrs. Donald W. Schmidt
Mr. G. Leonard Shea
Dr. and Mrs. Donald M. Sherline
Dr. and Mrs. Harry C. Sherman
Dr. and Mrs. George L. Shoptaw
Dr. and Mrs. William E. Silver
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Dr. and Mrs. Wm. Valdon Smith
Dr. Maximillian E. Stachura
Dr. and Mrs. Thomas B. Strozier
Dr. and Mrs. James I. Suit
Dr. and Mrs. Wayne T. Tadsen
Dr. Roslyn D. Taylor
Mrs. Martha S. Tingen
Dr. and Mrs. Hiroshi Toyohara
Dr. Teresa J. Trippe
Dr. and Mrs. William W. Turton Jr.
Dr. James C. Wardlaw
Dr. and Mrs. Jubal R. Watts
Dr. and Mrs. Alexander H. Weaver Jr.
Dr. Christopher B. White
Dr. D. Randall Williams
Mrs. Patricia Williford
Dr. Virginia B. Winburn
Dr. and Mrs. James J. Wynn

Aesculapius Club

The following members of the Aesculapius Club have contributed $250 to $499 during fiscal 1996-97.

Dr. and Mrs. Edathara C. Abraham
Mr. and Mrs. Bryan L. Adams
Dr. and Mrs. William N. Agostas
Dr. T. Andrew Albritton
Mrs. Sharon Ammann
Mr. and Mrs. Harold L. Anderson Jr.
Dr. William V. Argo Jr.
Mr. Orrin R. Aske
Dr. Eddie A. Atwell
Dr. and Mrs. Thomas E. Bailey Jr.
Dr. and Mrs. Cobb R. Barksdale III
Dr. and Mrs. Grady G. Barnwell Jr.
Dr. and Mrs. Philip R. Bartholomew
Dr. and Mrs. Edwin C. Bartlett
Dr. Jeffrey A. Baumriud
Dr. and Mrs. James L. Becton
Dr. Styles L. Bertrand
Dr. and Mrs. Jatinder S. Bhatia

Dr. and Mrs. Nazir A. Bhatti
Mr. Richard R. Bias
Mr. and Mrs. Donald E. Biggerstaff
Dr. and Mrs. Wiley S. Black
Dr. Gary F. Bloemer
Dr. and Mrs. Charles E. Bohler
Dr. James M. Braden
Dr. Larry A. Brannam
Dr. and Mrs. Edwin D. Bransome Jr.
Dr. Robert J. Brill
Mr. and Mrs. Charles M. Brown
Dr. and Mrs. Elbert H. Brown
Mrs. Jessie O. Brown
Mr. and Mrs. John G. Brown
Dr. Pierpont F. Brown III
Dr. Vickie M. Brown
Dr. and Mrs. Thomas M. Browne
Dr. and Mrs. Paul J. Brucker
Dr. and Mrs. John J. Brunette
Dr. Holly S. Buchanan
Dr. Zeb L. Burrell Jr.
Dr. Mark Cain
Dr. and Mrs. Gerald E. Caplan
Dr. and Mrs. Jeffrey C. Carstens
Dr. and Mrs. William F. Catrett
Dr. and Mrs. C. Richard Chamberlain Jr.
Dr. and Mrs. Darryl A. Chapman Sr.
Mrs. Ann C. Christian
Dr. and Mrs. William Little Clark Jr.
Dr. and Mrs. Daniel H. Clarke
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